

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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gives pharmacy  
Commons voice***

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your views now as  
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*Prescribing in  
US pharmacies  
is on a roll*

*Michael Major joins  
Day Lewis Board*

*Avicenna in retail  
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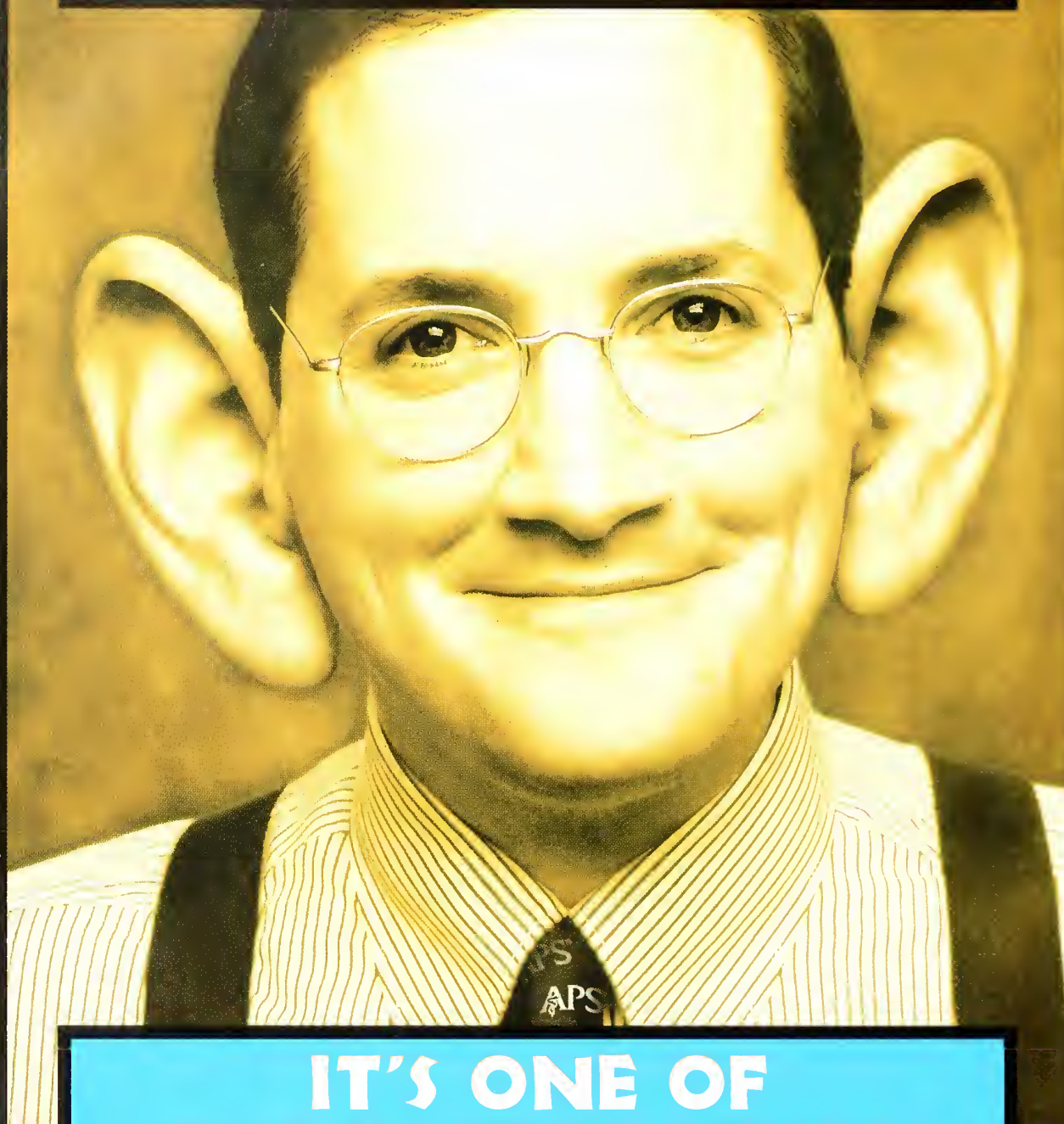


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# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 253 No 6239 140th YEAR OF PUBLICATION ISSN 0009-3033

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## COMMENT

**C**hronic indifference is the phrase PSNC chairman Wally Dove uses to describe the NHS Executive's attitude towards community pharmacy in this month's PSNC Newsletter. He cites the string of broken promises on a pharmacy strategy, the lack of pharmacy representation on PCGs and the swingeing proposals to cut generic drug prices; his list could be a lot longer. Yet this week the Government has unveiled its latest consultation exercise on the future of the NHS and, ironically, community pharmacies are to be used as a distribution point for leaflets soliciting public feedback. With a time scale that is frighteningly short by any standard, the Government wants to ask as many people as possible about how they see the health service of the future. In doing so it faces the ever-present conundrum that the public's expectations of the NHS rarely coincide with the amount they are prepared, as taxpayers, to stump up for it. On the positive side the patient focus of the exercise has to be welcomed. Overall, though, the whole exercise smells of a political 'quick fix'. It is difficult to get overly enthusiastic about what the cynics might describe as a pre-election exercise in spin doctoring. It is two years since Mr Dobson launched his pharmacy consultation exercise, and pharmacists have seen little that is obviously attributable as a result. However, we do live in the real world and, tempted or not, turning our backs on this exercise is not the way to gain influence or impress anyone. So encourage customers to pick up and complete a leaflet. They may want to mention where they picked it up, and how useful they find their community pharmacy. If the NHSE won't listen to PSNC, perhaps it will listen to patients. As Hemant Patel suggests (p5) it might produce a quicker result than that mythical pharmacy strategy.

## Pharmacist in the House

Pharmacist Sandra Gidley (right) is Westminster's newest MP



## Make your views on NHS known

Consultation is launched on the Government's NHS plans

## Kirit Patel sells to Superdrug

Despite pledging his support for independents, the NPA's past-president transfers his Norbury branch

## Glover quizzed over EHC supply in pharmacies

RPSGB president defends the Society's position on supply route for emergency hormonal contraception

## European Commission adopts vitamin Directive

Health food manufacturers hope for an end to trade disputes between member states

## Don't be left scarred by the wound care market

Pharmacists have a key role because few patients are given advice on how to deal with their scars

## Essential bookkeeping for a well-run pharmacy

Accountancy specialist Umesh Modi runs through the do's and don'ts of a good bookkeeping system

## News from the USA

Pharmacy consultant Tony de Nicola charts the changes in US pharmacy practices



## Is your pharmacy safe and secure?

You do not need expensive anti-theft devices to ward off criminals, just a touch of common sense

## Michael Major on board with Day Lewis

Ex-managing director of Lloydspharmacy will guide Day Lewis as it acquires more outlets

## Avicenna in retail marketing project

Buying group harnesses the marketing/planogram expertise of OTC suppliers and Moss Pharmacy



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## Scots generic review still 'unclear'

Proposals for the Scottish review of generic medicines remain unclear in the wake of a meeting to discuss the procedure.

George Romanes, chairman of the Scottish Pharmaceutical General Council, met Scottish Executive health officials last week to discuss how the UK-wide review of generics would proceed in Scotland.

However, on Tuesday he said: "Things are still very unclear. The only thing I was heartened to hear was that they [the health officials] are willing to look at some mechanism so that patients will get the drugs they need."

Otherwise, the meeting discussed principles for both sides to consider before another meeting next week, said Mr Romanes.

"We have gone away to think about how to deliver a system that would be fair to both sides."

In England, the Department of Health wants to see an end to Category D drugs listing in the Drug Tariff. However, in Scotland the equivalent list for drugs in short supply is set to zero each month – last month only one product was on the list.

However, Mr Romanes commented: "With this uncertainty, we could see shortages coming back again. The Scottish Drug Tariff is very responsive and I would very much like to see the existing system kept."

# New MP is pharmacy's voice in Parliament

Pharmacist Sandra Gidley swept to victory in the Romsey by-election last week, the first pharmacist to become an MP at Westminster for many years.

A Liberal Democrat, she took the Hampshire seat with a 3,311 majority and a 12.5 per cent swing from the Tories. She polled 19,571 votes, a 50.46 per cent share of the total. The Labour candidate lost his deposit as former party supporters tactically switched their votes.

Ms Gidley also attributed her success to the fact that her work in the health sector, involvement in the local community and her experience as a parent with two children at the local school gave her a sound understanding of the issues facing voters.

On Wednesday, Ms Gidley told *C&D* that she would be very happy to speak in Westminster on behalf of the profession, suggesting extra funding for pharmacy services might be a prominent issue.

"There always seems to be people saying positive things about pharmacy but it is not manifested with money for the extending roles," she said. She intends to join the All-Party Pharmacy Group.

Ms Gidley has most recently been a

pharmacy manager for Tesco and before that for Safeway. Her concerns about education, the health service and the environment led her to become active in local politics.

She has been a borough councillor since 1995 and in 1997 became the youngest female mayor of Romsey. She sits on the Romsey Hospital Steering Committee and for many years was a voluntary antenatal teacher with the National Childbirth Trust.

The size of her victory over the Conservative candidate surprised Ms Gidley, who said she had not allowed herself to believe she might become the MP to avoid disappointment.

On Wednesday she was still having to find office space at Westminster and said that there was a backlog of constituency case work that needed attending to due to the circumstances of the by-election.

Welcoming the election results, Royal Pharmaceutical Society president Christine Glover said: "I am delighted that a pharmacist has been elected to serve as an MP. It will be helpful for parliamentarians to have among their number someone who understands at first hand the issues that affect our profession and the ser-



Sandra Gidley

vices that pharmacists provide to the public.

"It is always gratifying to see members of our profession taking part in public life. Pharmacists have so much to contribute to the public interest at both national and, importantly, local level."



Gopa Mitra, head of public affairs at the Proprietary Association of Great Britain was invested with an MBE at Buckingham Palace last week. Ms Mitra was awarded the MBE in the New Year's Honours List in recognition of her services to the pharmaceutical industry, having been with the PAGB for nearly 20 years. She has been responsible for a number of consumer and GP research projects into self-medication and has played a large part in raising the awareness of the benefits of self-medication. Ms Mitra also sits on the board of the Doctor Patient Partnership

## Westminster to debate generic drugs issues

A one-and-a-half-hour debate on generic drugs is to be held at Westminster following the Government's decision to cut the prices that generic manufacturers

can charge the NHS and changes to the fees for pharmacists.

The debate in Westminster Hall on Wednesday 17 May, with a reply by

health ministers, will be opened by David Hinchliffe, chairman of the Commons select committee on health which called for changes to deal with the soaring cost of generic drugs to primary care last year.

Last month the health minister Lord Hunt announced action to prevent the NHS being "ripped off". Under the proposals, the maximum prices for the main generic medicines used in NHS primary care will be reduced to their level 15 months ago.

At the same time, the Government is proposing changes to reimbursement arrangements for pharmacists and dispensing doctors. In particular, this includes the abolition of the Category D arrangement in the Drug Tariff.

Howard Stoaite, a senior member of the select committee, said: "I want to sort out the category D situation. I don't believe it is right not to guarantee that it won't be implemented next year."

"I want the Government to go further than voluntary agreements. I want more regulation to ensure that it doesn't happen again."



One of this year's winning teams in the Pharmacy Healthcare scheme/No Smoking Day 2000 competition was John Bell & Croyden of central London (*C&D* May 6, p4). The team, led by pharmacist Debbie Danon, was actively involved in health promotion, providing leaflets and advice as well as using a 'Smokalyzer'. Pictured (l-r) are pharmacy assistant Judy Fernandes, Ms Danon, Roger Odd from the Royal Pharmaceutical Society and pharmacy assistants Hung-gai Diep and Rachid Medjaoud. The other pharmacy winners were Tesco In-store Pharmacy Walsall, Grays Chemist Carmarthenshire, and S Mawhinney Ltd, Co Antrim



## Boots promotes public health role

Boots the Chemist has published a booklet promoting both its own and community pharmacies' role in public health.

"Community pharmacy solution for public health" is the company's response to the public health White Paper. It sets out the many activities carried out in community pharmacies including medicines management, smoking cessation, tackling drug abuse, and supporting responsible sexual health.

It also stresses that the community pharmacy is a key point for health promotion and has a role to play in the "cohesion of the community". Boots is actively involved in town centre management and some of its store managers are seconded as town centre managers.

Boots wants to use the booklet to tell opinion-formers and people in positions of influence about the contribution of community pharmacy to public health, Boots pharmacy superintendent Digby Emson told *C&D*.

"We want to ensure that community pharmacy remains at the centre of their future plans. I hope the key message is the tremendous access community pharmacy has to the public and the untapped opportunity there is to use that access both to help and develop public health strategy."

While setting out the contribution that pharmacy makes to public health, the document does not refer to financing. "I see it as a two-stage issue," said Mr Emson. "We have to win the argument first and then we can talk about the issue of costs. Clearly this is important, but if community pharmacy cannot win the argument there's no point talking about costs."

While the document makes clear reference to Boots, Mr Emson says that the company has a responsibility to support the wider message of community pharmacy. As a Council member of the Royal Pharmaceutical Society, he said the broad thrust of the document was the same as the Society's. "It is complementary and we would wish to be seen to be reinforcing and supporting the Society's view."

## Mayoral candidate Tanna polls 50,781

London mayoral candidate and pharmacist Ashwin Tanna has lambasted the national media for undemocratic coverage in the run-up to the election.

Mr Tanna polled 50,781 first and second preference votes (3.4 per cent of the vote) in last Thursday's election to come ninth out of 11 overall. He believes his vote could have been higher. "Had the BBC and the other television channels behaved democratically and allowed me a political

# Pharmacists urged to give views on NHS

Pharmacists are being urged to make their views known during consultations on the Government's NHS National Plan launched this week.

Pharmacy politician Hemant Patel said: "Instead of waiting for the health authority to knock on your door, if you feel you have something to contribute in the six areas [for NHS modernisation] then put your views forward. We might get something out of this sooner than the pharmacy strategy."

Mr Patel is a member of the Pharmaceutical Services Negotiating Committee, which was to discuss the matter on Wednesday as *C&D* went to press, and of the National Pharmaceutical Association's board of management, which was to formulate its views later this month.

Health authorities have until May 25 to gather opinions before compiling a response to the regional office on the five modernisation themes.

The Government wants to consult as many people as possible about the future shape and operation of the

NHS. Health authority and trust chief executives have been asked to make sure all staff, including primary care contractors, are briefed on the plan and have opportunities to discuss it.

The action teams are to produce a working paper by the beginning of June, a national conference is planned for mid-June and the results will be published in July.

Health secretary Alan Milburn unveiled the public consultation on Wednesday. Twelve million leaflets will be distributed through pharmacies and other outlets for the public to contribute their views. A web site is also available for public consultations at [www.nhs.uk/nationalplan](http://www.nhs.uk/nationalplan).

Other features of the consultation include a census day for the NHS on May 31 and two one-day public forums in Leeds and London.

"The results of the various strands of consultation will be analysed and presented to the plenary session of the Modernisation Action Teams which meets on June 15," said the DoH.

## Warning over foreign pharmacies

The Consumers' Association is warning British holidaymakers to take care when dealing with pharmacists in foreign countries.

A survey of 54 pharmacists in Barcelona, Istanbul and Cairo found only 14 supplied drugs that were "entirely appropriate". The others were "at odds with what a UK chemist should suggest, ranging from the harmless but ineffective to potentially dangerous". This ranged from antibiotics for diarrhoea in Egypt and Turkey, a cough suppressant, oxelidine, banned in many countries for fear of it being carcinogenic, and co-trimoxazole syrup for a child's ear infection.

"More often than not we ended up with inappropriate or ineffective medicines," it says. It cites language barriers as part of the problem in pharmacists not asking about other symptoms and says that medicines leaflets in English were

only found in Egypt. It refers to the School of Pharmacy at the University of Aberdeen's 1997 report which identified "worrying" levels of substandard drugs on sale in developing countries.

The Association is advising tourists who have any misgivings about a medicine not to take it and to "find another chemist who you think understands your symptoms more clearly".

## Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried in April:

- Heart disease (1158)
- Medical herbalism (1159)
- Porphyria (1160).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates apply).

Internet users can catch up by accessing the dotpharmacy site (<http://www.dotpharmacy.com>). The Pharmacy Update multiple choice questionnaire and telephone marking service are supported by Genus Pharmaceuticals.

## IN BRIEF

### RPM hearing set for October 16

The Restrictive Practices Court hearing on resale price maintenance will now start on October 16, two weeks later than originally agreed. Last Thursday, the Community Pharmacy Action Group and the Office of Fair Trading had applied for the hearing to be put back because the OFT had opened up new areas of investigation. However, the judge was only prepared to allow a fortnight's delay.

### Niquitin CQ strengthens

SmithKline Beecham has asked us to point out that the strengths of Niquitin CQ patches are 7mg, 14mg and 21mg and not as mentioned in the *Over the Counter* magazine of March 25, p23. Niquitin CQ has a registration line for committed quitters on 0800 0929392.

### Products recall

The following Mediteck products should be withdrawn from use immediately: Sterile Dressing Pack, Drug Tariff Specification No 10; Latex examination gloves; Crepe Bandages; Gauze Swabs BP; and Absorbent Cotton Wool BP. The Medical Devices Agency issued a hazard warning recalling the products due to concerns over the safety and sterility of the products. The June edition of the Drug Tariff will carry a notice drawing attention to the MDA's action. Further information is available from Mediteck on 020 8838 4748.

### Healthnet offers internet access

Healthnet.co.uk is offering internet applications for primary healthcare, including professional e-mail addresses and free professional web sites. It has teamed up with BT to offer the services as part of its aim to be the NHSnet for primary care.

### Northern Ireland statistics

There were 1,962,930 items dispensed from 1,133,621 prescription forms in Northern Ireland in January. The ingredient cost was £19.90 million (£18.61m net). Discount was £1.281m, with oncost and other payments totalling £3.166m. The gross cost was £21.78m (£21.06m net). Gross cost per prescription was £11.0957 with ingredient cost £10.1355. The net ingredient cost per prescription was £9.4828.

### Minister pulls out

Junior health minister and Edgbaston MP Gisela Stuart has had to pull out of the Birmingham Community Pharmacy Conference on May 17. Birmingham Health Authority chief executive Mike Waterland will give a presentation. Details from LPC secretary Tom Wedgbury on 0121 502 4979.



## Veterinary dispensing to come under review

High veterinary prices for prescription medicines, veterinary dispensing practices and medicines availability are all to be reviewed, the Veterinary Medicines Directorate has announced.

As most pharmacies do not stock veterinary medicines, veterinary practices have little competition for (dispensing) sales of Prescription Only Medicines, says the VMD in a briefing letter.

It is concerned that, as some vets may add substantial mark-ups to medicines, there is an incentive to overprescribe. It also wants POM classification to be reviewed to determine whether certain products should be more widely available.

The review panel will be appointed shortly, a VMD spokesman said. Its brief will include location of pharmacies and whether it would be possible for farmers and pet owners in remote areas to obtain POMs dispensed by a pharmacy.

"The review will need to consider safety of individual products, the need for diagnosis as part of effective use and whether the removal of any required veterinary intervention before a product is administered to an animal would carry any risk," he said.

At present POMs may only be obtained from vets for animals under their care or by prescription from the pharmacy.

## CPP awards presented

Six pharmacists were presented with certificates for membership of the College of Pharmacy Practice last week at its study day in Dunchurch.

Pictured below are (l-r) Pauline Stevens, Angela Brown, Beryl Bevan (awarded advanced membership), Carol Palmer, Leonard Woffindin and Susan Phillips. Dr Gillian Hawksworth (far right) was presented with the Schering Award for an outstanding contribution to pharmacy practice.

Also awarded membership, but not present at the ceremony, were Stephen Bowhay, Ross Groves, Lesley Grice, Paul Buckley and Barry Jubraj.



# Kirit Patel sells to Superdrug

Kirit Patel, immediate past-president of the National Pharmaceutical Association, has sold one of his pharmacies to Superdrug despite pledging his support for independents in his NPA election manifesto.

He has transferred a branch of his Day Lewis chain in Norbury, south west London, into a Superdrug. Croydon Health Authority has accepted the move as a minor relocation.

A local pharmacist appealed against the decision but Croydon Local Pharmaceutical Committee has decided not to take any action.

When standing for election to the NPA board of management in 1995, Mr Patel said: "The NPA is better placed to negotiate on behalf of the independent to ensure that more funds are channelled to the independent, and not let Boots and Lloyds with their immense muscle get a larger share of the cake."

When standing for re-election in

1998 he said one of his key aims was to "oppose new contracts in supermarkets".

Mr Patel told *C&D* this week that the pharmacy had been losing money after doctors relocated and a "red route" parking ban was introduced outside. He tried to sell through Orridges but the only buyer to come forward was Superdrug, another NPA member.

He added: "I believe that during my year in the NPA chair I have worked with diligence, fighting hard for the interest of pharmacy contractors. If we had been receiving adequate remuneration for our dispensing services then shops like the one I sold would have remained viable."

*The Sunday Times* Prufrock column commented that his election promises had returned to haunt him "but who can blame Patel for doing a deal - after all, it is hard to resist the big boys' overtures".

## ITC consults on health professionals' TV endorsements

Celebrities, pharmacists and other health professionals may be allowed to endorse non-medicinal products on television if Independent Television Commission proposals are accepted.

Currently, the law prevents medical professionals or celebrities from endorsing any products with a product licence.

The ITC rules extend that prohibition to areas where some but not all products in a product area are licensed - such as toothpastes - to enforce a commercial level playing field.

However, it said: "In the absence of any legal impediments for products not requiring a licence from carrying medical professional or celebrity endorsement, it is not clear that any of the other arguments is sufficient to justify the retention of this ban in areas where the ITC has discretion."

An ITC consultation on this area last summer gave "decidedly mixed and contradictory" results, indicating caution is needed.

But it is recommending that the prohibitions be removed to let health professionals give the impression of professional advice or recommendation.

# Glover quizzed over EHC supply

President of the Royal Pharmaceutical Society Christine Glover says pharmacists would be "seriously insane" if they were to suggest they could not deal with the emergency hormonal contraceptive Levonelle 2 as a Pharmacy medicine.

Mrs Glover defended the Society's position on the supply route for emergency hormonal contraception, saying it was right to keep the options open.

Speaking at the College of Pharmacy Practice's study day on mental health last week, Mrs Glover was responding to a question from Schering Health Care's managing director, Paul Woodward.

Mr Woodward asked if the National Pharmaceutical Association's decision not to support a 'POM to P' switch was a step forward or a step back.

Mrs Glover said the opportunities

facing the profession were "enormous" but warned that fundamental changes would be necessary.

"We have to move from the current situation to one where services are mainstream with a clear underpinning of supply," she said.

Most employers and employees were working harder but felt "put upon". Most would like to do less dispensing and have more patient contact. "There's a large body who just want to be good professionals," Mrs Glover said, and not have to think about things like selling toiletries.

Mrs Glover stressed the importance of quality, accountability and clinical governance in all aspects of professional life. In order to sell their services, pharmacists would have to first demonstrate their competency.

Pharmacists should specialise in different areas, a concept that was not as daunting as many might think. "We do have the building blocks, but some of them haven't been out of the shed for a long time," said Mrs Glover. This would also require fundamental changes to the remuneration system.

The CPP and other educators would be important in bringing about the necessary improvements in pharmacists' skills. Because pharmacists would need to work in different ways, their education must be flexible in both its content and mode of delivery.



A programme was needed in primary care that would cover the whole of the UK and lay down competencies that pharmacists must meet, she said.

Answering questions afterwards, Mrs Glover said continuing professional development would become essential. She suggested that if contractors did not keep up to date, they might be threatened with losing their contracts to bring them into line.

Delivering services correctly would lead to some "coalescing" of pharmacies, she said. Instead of two pharmacies in a parade of shops, there would only be one. But this one would end up a better pharmacy.

Asked if she thought the Society's Branch system could be used more effectively, Mrs Glover suggested that the Branches could be made into Pharmacy Development Groups.



## NHSiS gets further cash injection to speed delivery

A further £60 million is to be ploughed into the NHS in Scotland to speed the delivery of high quality care and treatment.

But health boards will be given their share of the cash only after showing how it will be used.

One target area will be planning to cope with high seasonal demand from patients, including the winter peak.

A Scottish Executive spokeswoman said the winter planning group was still consulting so no decision had been made yet on whether there would be a campaign to persuade the public to use pharmacies more for winter ailments.

There will be a major drive to reduce the number of delayed discharges from hospitals, which lead to so-called 'blocked beds'.

The latest investment comes from additional resources allocated to health in Scotland by the recent budget. This £17.3m comes on top of the additional £308m already committed by the Executive this year.

The Executive is creating an NHS Modernisation Board to accelerate reforms and drive forward improvements for patients.

Members will be drawn from the Executive, the NHS and social care, but no decisions have yet been made as to who will sit on the board.

Scottish Health Minister Susan Deacon said the new body "will have a mix of experience and skills and the ministerial authority to ensure that improvements are both delivered and sustained".

## Viagra SLS reminder

A reminder that all prescriptions for erectile dysfunction treatments should be endorsed 'SLS' by the prescriber has been issued by Pharmaceutical Services Negotiating Committee.

General secretary Stephen Axon has issued the warning, pointing out that the Government has imposed a ceiling of £10 million to £12m a year on both GPs and specialists for the treatment.

A report last week said that NHS prescribing of impotence drugs by GPs is already costing almost £16m a year.

"It is vitally important that pharmacists ensure that all prescriptions for erectile dysfunction are endorsed SLS by the prescriber," said Mr Axon.

"Absence of such endorsement will lead to these prescriptions being returned to the health authority unpaid and a copy being sent to the pharmacy contractor."

# Xrayser

## Topical Reflections

## At last, there's a pharmacist in the House

Thursday, May 1, was an historic day. In popular memory it will go down as the day 'Red Ken' bloodied the nose of the New Labour establishment, but in pharmacy terms it was the day that a pharmacist was once again elected as a member of the House of Commons.

Sandra Gidley has my unreserved congratulations on her magnificent achievement at the Romsey by-election (particularly as politically I lean towards the orange hue) but in becoming the only pharmacist MP for many years she has involuntarily assumed a heavy mantle of professional responsibility.

Whether she likes it or not, all sections of the profession will now look to her to promote their own agendas with the Government.

However, I plead that we should all give Sandra space to find her parliamentary feet. Her primary responsibilities must be to her electorate and to her party, and with a general election scheduled within the next 18 months she will need all her time and energy to consolidate and then, hopefully, perpetuate her parliamentary representation.

Meanwhile, I am sure she will take every available opportunity to raise political awareness of the virtues of pharmacy from a position rare in the profession's history, on the floor of the House of Commons. I wish her every success.

## Sterwin gets thumbs up for paracetamol

I am finding that the regular purchase by customers of small packs of paracetamol tablets has produced an unexpected effect. Before the regulations were changed I used to sell 100 packs of the standard tablet form with little query. I would buy from the most economic source and was rarely asked for a particular brand by my customers.

However, I am now receiving a substantial number of requests for Sterwin brand paracetamol because



their shape is an easy to swallow caplet and because they are coated, they 'slide' down more easily. Buying diverse brands more frequently has reminded customers that price is not the sole criteria and the formulation of the Sterwin product is preferable.

I now only stock Sterwin brand paracetamol and willingly pay the market price. Sometimes it costs me more than standard tablets but the loss is more than compensated for by the knowledge that the quality of the product is producing customer loyalty. I still charge a premium over the price in the local supermarket, but I now rarely receive any complaints. It seems the public are discerning after all and will happily pay a premium price for what they perceive as a superior product.

## Retail pharmacy something of a contradiction

The contradictions of practising a profession in a retail environment mean that my primary responsibility must always be to the patient.

This is often a difficult lesson to teach to staff. On the one hand I teach them the art of selling, on the other I

insist that they temper that expertise by often having to offer advice which results in no sale.

I was reminded of this problem by the excellent Nytol pharmacy assistant training module on insomnia inserted in *CD* (May 6). Excellent because it puts the problems of insomnia into perspective, while offering Nytol as a reasonable solution through its licensed indication for the relief of temporary sleep disturbances.

However, I know that the sales of Nytol would probably be uneconomic if the customer adhered as rigidly to its licence restrictions as I have trained my staff to do when selling it.

My staff do conscientiously apply their training protocols to the sale of all medicines, and industry-produced training programmes such as the Nytol module are essential to that process.

However, the final decision on supply is mine alone and quite often my decision may be a sale made contrary to the strict interpretation of the products licence, but on the back of some very careful counselling.

The alternative is to refer the customer back to the doctor when I know that, in the case of insomnia, I would benefit from the resulting regular prescriptions for a month's supply of temazepam!



## ABPI responds to taxane appraisal results

Women will welcome the National Institute for Clinical Excellence's appraisal of taxanes for ovarian cancer, said the Association for the British Pharmaceutical Industry.

However, it is concerned that the NICE review on breast cancer drugs will not appear until the end of June.

In a statement following the NICE's announcement on Friday (see **Medical Matters**, p10), the ABPI warned that the guidance should eliminate the problem of postcode prescribing "only if all health authorities are provided with sufficient cash to fund appropriate treatment".

ABPI director-general Dr Trevor Jones said: "As far as ovarian cancer is concerned, the Department of Health must now ensure that health authorities are sufficiently resourced to fund appropriate courses of treatment. If not, postcode prescribing will continue and NICE's work will have been in vain."

He also queried the delay in treatment for women while the drugs went through two 'proving' processes with the Medicines Control Agency and then NICE. "Given the fact that ovarian cancer is a very serious condition, it is regrettable that lives will have been lost while a medicine which had already proven its clinical value has had to pass through what is effectively a further approval system before being widely prescribed in the UK," he said.

## Speech therapists' pay related to pharmacy

Speech therapists have won a 15-year fight for equal pay after their work was compared with that of 'male-dominated' NHS professions such as clinical psychologists and pharmacists.

The MSF union argued that the 351 therapists who will share £12 million back pay were underpaid because most were women. Their pay structure was 10 points lower than the other professions.

A European court upheld the claim but the Tories kept referring it back to delay the settlement, which has just been agreed out-of-court between the Department of Health and the union. MSF says it is the largest ever settlement for equal pay.

Speech and language therapists have to do a four-year degree course to register with the College of Speech Therapists.

# EC adopts vitamin Directive

The European Commission this week adopted a draft proposal for a Directive on Food Supplements.

Health food manufacturers hope this Directive will finally put an end to the trade disputes between member states that have plagued the industry for many years.

The European Federation of Associations of Health Product Manufacturers (EHPM) is encouraged that the draft specifies the content of supplements should be based on a scientific assessment of the

upper safe levels of vitamins and minerals.

The UK Government wanted the market to be harmonised on this basis of safety, whereas some member states favoured limits based on recommended daily amounts.

EHPM had argued that RDAs might be adequate for preventing deficiencies but might not necessarily provide optimum nutrition, particularly for an ageing population.

Anthony Bush, EHPM chairman, said: "We believe this draft is a good

starting point towards a pan-European model which will benefit both consumers and industry alike."

At a later stage the draft could be extended to other ingredients of food supplements such as fatty acids and amino acids.

The next step will be consultation with the European Parliament. EU member states, the Economic and Social Committee and the Committee of the Regions.

It is likely to be two to four years before the Directive is adopted.

## New category for 'lifestyle' POMs proposed

A new category has been suggested to allow prescription medicines to be automatically prescribed privately without the need for the NHS to consult on blacklisting a product.

Vincent Lawton, managing director of Merck Sharpe and Dohme (UK) Ltd, called on the NHS to cut red tape in how it considers which schedule of the Drug Tariff to place a drug in. He has also warned that delays may cause black markets in well known but unavailable drugs, which raises further safety issues.

Although his company's product Propecia had a market authorisation, it was not yet being marketed as the company had asked that it go straight to Schedule 10 - meaning it is not prescribable on the NHS. Instead, a consultation was ongoing after five months and was only now about to begin in Wales.

Propecia has been licensed for male-pattern hair loss since last September in the UK and is theoretically available. It is used by over one million men worldwide. The company is not seeking public reimbursement for the product as it believes nation's health budgets have greater priorities.

However, NHS "bureaucracy" meant that a pharmaceutical company could not choose private reimbursement for a product since all prescription medicines were automatically reimbursed publicly once they received a UK market authorisation, said Professor Lawton.

Only the Government could instigate private reimbursement by scheduling the medicine as Schedule 10 or Schedule 11, allowing NHS reimbursement only in specific circumstances.

"For medicines not on either of these schedules, it is illegal for a doctor to write a private prescription for any of his NHS patients, even if this is what the patient wants and the alternative would be no prescription at all," he said.

"The option of private prescribing

where appropriate could offer the NHS the flexibility it needs to reconcile these conflicting interests. An alternative could be an increasing black market in some prescription medicines with profoundly worrying implications for safety and integrity in healthcare," he said.

"Public money in health should be spent on priorities, but an individual patient's priority can be different from what is collectively agreed. Healthcare systems must have the flexibility to reflect individual as well as collective priorities. Private choices should be privately funded."

Professor Lawton was speaking at a debate on the future of private medicine and the NHS at the Pharmaceutical Marketing Society's annual question time which was held in London last week.

Former NHS manager and NHS analyst Roy Lilley warned that the "public love affair with the NHS may be coming to an end". The Prime Minister may anticipate this, he referred recently to a "different vision" of the NHS.

"It's just possible that Middle England is starting to worry about the NHS," said Mr Lilley.

"There has been the Bristol babies disaster, the Shipman affair, the cancer screening fiasco, pharmacists on the fiddle, surgeons removing wrong organs, nurses killing patients and house officers working themselves to a dangerous standstill.

"The public finds it impossible to understand why you can go abroad and buy a cheap car but the NHS does not shop for pharmaceuticals in countries less tolerant of artificially high prices," he said.



Pharmaforce Ltd celebrated its eighth anniversary with a national conference for its pharmacists on cost-effective cardiovascular prescribing. Pharmaforce is a team of independent pharmacists specialising in cost-effective prescribing in primary care. It is working with 115 GP practices as well as PCGs, PCTs, HAs and IHBs. At the meeting in Leicester last month, managing director Mike Johnstone emphasised the importance of pharmacists maintaining the highest possible standards in every aspect of their work in primary care, with the aim of being accepted by the medical profession as part of the team. Pictured are pharmacists (seated, l-r): Victoria Hunt, Judith Evans, Sonal Patel and Jane Taylor; (standing l-r) Sue Maguire, Bob Adamson, Ella Craig, Mike Johnstone, Carolyn Ward, and Samantha Travis





## You can't stop children getting head lice, so give their mums a head start in getting rid of them.

You could recommend one of our no-alcohol formulas, like Derbac M Liquid, the UK's leading head lice treatment<sup>1</sup>, or Full Marks Liquid, both of which are ideal for young children and those with asthma or eczema.

Or, if your customers prefer to mousse away head lice in minutes<sup>2</sup>, there's the easy to use convenience of Full Marks Mousse.

Only SSL International offers a complete range of modern, effective answers to the head lice problem, so make sure you give your customers a head start with Full Marks or Derbac M.



**Derbac M Liquid, Full Marks Liquid & Full Marks Mousse Prescribing Information.** Indications: For the treatment of head lice infection. **Active Ingredients:** Derbac M Liquid, Malathion 0.5% w/w, Full Marks Mousse and Liquid Phenothrin 0.5% w/w. **Dosage and Administration:** Liquid: Sprinkle onto dry hair and rub gently into the scalp until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for at least 12 hours. Mousse: Shake can well turning it downward to dispense mousse. Apply sufficient mousse to dry hair until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for 30 minutes. Shampoo the hair as normal. Pinse and comb whilst wet to remove dead head lice and eggs. **Contraindications, Warnings, etc:** Not to be used on infants under six months of age unless under medical advice. Avoid contact with the eyes. These treatments may affect permed, bleached or coloured hair. Keep out of the reach of children. Full Marks Mousse contains alcohol which may exacerbate asthma and eczema. Full Marks Mousse is flammable, so apply with care and do not use artificial heat. If inadvertently swallowed a doctor should be contacted at once. If used by a healthcare professional to treat a large number of patients, protective plastic or rubber gloves should be worn. Continued prolonged treatment with these products should be avoided. They should not be used more than once a week and for not more than three consecutive weeks. Very rarely skin irritation has been reported. Do not use these products if you are sensitive to pyrethroids. **Legal Category:** P. **Prices:** Derbac M Liquid: 50ml £3.79, 200ml £9.25. Full Marks Liquid: 50ml £3.79, 200ml £9.25. Full Marks Mousse: 50g £3.99, 150g £9.25. **Product Licence Numbers:** Derbac M Liquid: PL11314 0046, Full Marks Liquid: PL11314 0093, Full Marks Mousse: PL11314 0102. **Product Licence Holder:** Seton Products Limited, Oldham OL1 3HS. **Date of Preparation:** March 2000.

<sup>1</sup>Independent Audit MAT January 2000. Full Marks Mousse has a 30 minute treatment time.



Tubiton House, Oldham OL1 3HS England  
Derbac M and Full Marks are Trade Marks of the SSL Group of Companies



# Medical matters

## NICE approves Taxol for ovarian cancer

The National Institute of Clinical Excellence (NICE) has approved paclitaxel (Taxol) for the treatment of ovarian cancer.

Paclitaxel is recommended as a standard initial therapy in ovarian cancer following surgery, and in cases of resistant ovarian cancer where patients have not previously received the drug.

NICE had intended to issue guidance on the use of taxanes in both ovarian and breast cancer. However, an appeal was made against the guidance in relation to breast cancer.

This appeal was upheld and the earliest publication date for guidance on the use of Taxanes in breast cancer is now scheduled for the end of June.

There are two taxane drugs available in the UK – paclitaxel and docetaxel (Taxotere). Docetaxel is not licensed for use in ovarian cancer.

NICE recommends that, as patients reach the appropriate stage in their ovarian cancer treatment, they should be offered treatment as follows:

- paclitaxel in combination with either cisplatin or carboplatin as the standard initial therapy following surgery

- if the cancer recurs or is resistant, and the patient has not previously received paclitaxel and a platinum therapy, the combination treatment should be offered. But if the patient has previously received the combination therapy, treatment should not be used again

- patients undergoing treatment for ovarian cancer who are not currently receiving the therapy as recommended by NICE should be given the opportunity to discuss their treatment options with their consultant.

When appraising the taxanes, NICE looked at factors including:

- the number of patients whose tumour shrank by 50 per cent or more
- the length of time between treatment and the disease developing further
- the overall length of survival.

About 3,000 patients already receive paclitaxel/platinum therapy for ovarian cancer each year. NICE estimates that the additional cost to the NHS in England and Wales as a result of its recommendations will be £7 million.

Copies of the full guidance and information for patients are available on the NICE web site at: [www.nice.org.uk/appraisals/tax\\_guide.htm](http://www.nice.org.uk/appraisals/tax_guide.htm)

### SCRIPT SPECIALS

## First coxib for osteo- and rheumatoid arthritis

Celebrex (celecoxib) is the first coxib to be indicated for the symptomatic relief of both osteo- and rheumatoid arthritis.

Launched jointly by Pfizer and Searle, the new drug is a selective cyclo-oxygenase-2 (COX-2) inhibitor that shows no clinically meaningful inhibition of COX-1. Celebrex is as effective in the treatment of pain and inflammation as standard NSAIDs, without many of the unwanted side effects caused by COX-1 inhibition.

The recommended daily dose for osteoarthritis is 200mg once daily or in two divided doses. A dose of 200mg twice daily may be used if needed. For rheumatoid arthritis, the recommended daily dose is 200-400mg taken in two divided doses. The maximum recommended daily dose is 400mg. In black patients, the elderly, and those with hepatic impairment, the lower dose of 200mg per day should be used initially. Experience in renal impairment is limited so such patients should be treated with caution. Celecoxib is

not indicated for use in children.

Upper gastrointestinal perforations, ulcers or bleeds have occurred in patients treated with celecoxib. Therefore, care should be taken in patients with a history of GI disease or those at special risk. Celecoxib should be used in caution with patients with a history of cardiac failure, left ventricular

dysfunction or hypertension, and those with pre-existing oedema.

Celebrex comes in 100mg and 200mg capsules. The basic NHS price is £18.34 for a 60 pack of 100mg capsules or a 30 pack of 200mg capsules.

**Searle, division of Monsanto plc.**  
**Tel: 01494 521124.**  
**Pfizer Ltd. Tel: 01304 616161.**

## Losartan better tolerated than captopril

Losartan is not superior to captopril at improving survival in elderly heart failure patients, but is significantly better tolerated.

The ELITE II study, published in *The Lancet*, was a double blind, randomised controlled trial of 3,152 patients aged 60 years or older with heart failure. Patients, stratified for beta-blocker use, were randomly assigned losartan titrated to 50mg once daily or captopril titrated to 50mg three times daily.

At the median follow-up point of

555 days, there was no significant difference in all-cause mortality or sudden death or resuscitated arrests between the two treatment groups. But significantly fewer patients in the losartan group discontinued treatments because of adverse effects (9.7 vs 14.7 per cent), including cough.

Researchers concluded that ACE inhibitors should be the initial treatment for heart failure, although angiotensin II receptor antagonists may be useful when ACE inhibitors are not tolerated.



### IN BRIEF

#### Forticreme for Fortipudding

Nutricio Clinicol Core has launched Forticreme, a semi-solid dessert to replace Fortipudding. Forticreme is ACBS approved standard indications plus CAPD and haemodialysis. It is available in chocolate, coffee, vanilla and forest fruits flavours. The basic NHS price for a 4x125g pack is £5.60. Fortipudding will be discontinued when stocks run out.

**Nutricio Clinicol Core.**  
**Tel: 01225 768381.**

#### New indication for Zoton

Zoton has been granted a new licensed indication for the prophylaxis of non-steroidal anti-inflammatory drug associated gastric conditions. This is in addition to its existing treatment indication.

**Wyeth Laboratories.**  
**Tel: 01628 604377.**

#### New indication for Arimidex

Arimidex (anastrozole) has been granted an extension to its product licence – that of first line use in advanced breast cancer in postmenopausal women. Further information is available from the medical information department of AstroZeneco on 0800 783 0033.

**AstroZeneco UK Ltd.**  
**Tel: 01923 266191.**

#### Tramadol 50mg capsules

Dominion Pharma has launched tramadol hydrochloride 50mg capsules. The basic NHS price for a pack of 100 is £16.91.

**Dominion Pharma.**  
**Tel: 01428 661078.**

#### Amias 'black triangle' removed

The 'black triangle' that indicates a new product in the British National Formulary has been removed from Amios (condosartan cilexetil).

**AstroZeneco UK Ltd.**  
**Tel: 01923 266191.**

#### Educational CD on allergy

Pharmocio & Upjohn is sponsoring 'The allergy story', an audio CD for primary healthcare professionals. The CD features all aspects of allergy diagnosis in primary care including history, diagnosis and referral. Copies are available from P&U's diagnostics division on 01908 603798 or e-mail [www.diogs@eu.pnu.com](mailto:www.diogs@eu.pnu.com).

**Pharmocio & Upjohn.**  
**Tel: 01908 661101.**





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ONE - A - DAY  
**Zirtek**<sup>TM</sup>  
ALLERGY cetirizine

**NOTHING HITS HAYFEVER HARDER**

**Zirtek provides fast, effective relief from hayfever symptoms and has no known drug interactions.**

**INDICATIONS:**

**PRESENTATIONS:** White, oblong, scored, film-coated tablet engraved Y/Y containing 10mg cetirizine hydrochloride.

**USES:** Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.

**DOSE AND ADMINISTRATION:** Adults and children aged 6 years and over: 5 mg once daily. In renal insufficiency halve the dose to 2.5 mg ( $\frac{1}{2}$  tablet) daily.

**CONTRAINDICATIONS:** Hypersensitivity to constituents. Avoid use in pregnancy and lactation.

**PRECAUTIONS:** Do not exceed recommended dose, particularly if driving or operating machinery.

**DRUG INTERACTIONS:** To date there are no known interactions with other drugs. As with other antihistamines avoid excessive alcohol consumption.

**SIDE EFFECTS:** Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported.

**PACKING, PRICE:** Pack of 7 tablets = £4.25 Retail.

**LEGAL CATEGORY:** P

**PRODUCT LICENCE NUMBER:** Tablets 5221/0001.

**MARKETED BY:** UCB Pharma Limited, Watford, Herts, WD1 8UH.

**For further information please contact:** UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD1 8UH.

Telephone (01923) 211811. Facsimile (01923) 229002.

Date of preparation: March 2000

UCB-Z-00-04

 **ucb Pharma**



# Counterpoints



## New six-pack for Ulcereze

Blackwell Supplies is introducing its Ulcereze protective dressing in a new pack of six patches to complement the existing 12-pack.

The product is designed to relieve the pain associated with mouth sores and ulcers, including those caused by braces or ill fitting dentures. It contains freeze dried gel extracted from the leaves of the aloe vera plant.

The patch is suitable for adults and children over five. It should be applied four times a day after meals and oral hygiene procedures.

The six-pack retails at £2.69.  
**Blackwell Supplies Ltd.**  
Tel: 01634 877620.

## Syndol takes to the airwaves

SSL International is supporting its Syndol brand for tension headaches with a £500,000 national radio advertising campaign.

The campaign is scheduled to run on Virgin, Classic FM, Heart and Magic as well as on other major regional stations across the country between May 15 and June 11.

The radio commercials aim to educate people about the symptoms of tension headaches and explain how Syndol is specifically formulated to help relieve this type of pain.

The brand contains paracetamol and codeine phosphate to treat a headache plus doxylamine succinate to quickly relax muscular tension.

**SSL International plc.**  
Tel: 0161 654 3000.

## Gentle Witch is strong in spirit

E C De Witt is relaunching its Witch Doctor skincare range with a new look from mid-May.

The new Witch range is being repositioned as skincare for everyday use while the existing Witch Doctor products are positioned as a treatment range.

The products are targeted at the 16-45 age group. All five contain natural witch hazel to help reduce skin redness and blemishes, dry up oily patches and cleanse pores.

Striking new packaging features a tree icon to communicate the witch hazel ingredient.

The range includes Witch Stick (rsp £2.99), Witch Cleansing & Toning Pads (rsp £3.09 for pack of 50), Witch Doctor Skin Treatment Gel (rsp £2.75) and Witch Doctor Lotion (rsp £2.05).

Witch Sun Sore Soothing Gel (rsp £4.99) is the last relaunched product which combines natural witch hazel and skin conditioners to take the 'fire' out of sun-reddened skin and help relieve soreness. It contains vitamin E



to retain moisture in the skin, helping to minimise skin peeling.

The relaunch will be backed by a £2 million campaign that includes advertising in key teenage and women's consumer magazines.

The advertising focuses on the natural brand positioning and strong heritage of witch hazel. The strapline is 'Witch. Strong in spirit. Gentle on skin.'

E C De Witt plans to add two facial skincare products to the range later this year.

David Fowler, UK marketing director, says: "We are broadening the brand franchise and expanding into new categories that could include eyecare, bodycare, footcare and haircare."

**E C De Witt.**  
Tel: 01928 579029.

## Cork expands Travel Masters

Cork International is relaunching its Travel Masters brand of travel accessories.

Cork acquired the brand last year and has extended and repackaged it to feature more than 60 health and personal care products including the Travellers' First Aid Kit and Travel-eze Wrist Bands to prevent travel sickness.

The range also includes Sun Check Animal Shapes which are intended to prevent overexposure to the sun by adhering to the skin and indicating when the maximum safe level of UV has been reached.

Insect repellents in the range are Anti Mosquito Coils, sachets of Mosquito Wipes and Insect Repellent Wrist Bands and Lotion.

Other products include a battery-operated Mini Fan, inflatable Comfort Cushion, Luxury Neck Pillow and Continental Travel Adaptor.

**Cork International.**  
Tel: 0115 973 8898.

## Ibuleve in 3D

Dendron is introducing an eye-catching 3D showcard for Ibuleve in June.

It features the message 'For backache, rheumatic and common arthritic conditions, nothing is more powerful, more effective or works for more people than Ibuleve - the best selling topical painkiller.'

The bright showcard is designed to reinforce the brand's 'pain relief without pills' theme at the point of purchase.

**Dendron Ltd.**  
Tel: 01923 229251.



## Gingercaps spice up Peter Black range

Peter Black Healthcare is launching a new ginger supplement.

Gingercaps contain ginger in easy-to-swallow non-gelatin capsules. The properties of the ginger plant are reputed to soothe the stomach and calm nausea.

The capsules are suitable for adults

and children. Retail price is £2.99 for a 24 capsule pack. Trade price is £10.18 for six-pack.

A telephone helpline (01283 228344) is available for consumer information.

**Peter Black Healthcare.**  
Tel: 01283 228300.





## Carex gets tough with dirtiest situations

Cussons is launching a new deep cleaning variant for particularly dirty situations in its Carex antibacterial moisturising handwash range.

Carex Deep Clean contains tiny scrubbing particles to remove dirt from hands after tasks such as gardening and car maintenance.

The anti-bacterial product is an orange coloured gel that contains small particles of walnut shell to work on ingrained dirt during washing.

The dermatologically tested gel has a light, fresh fragrance and is suitable for sensitive skin.

Retail price is £2.29 for a 250ml pump pack.

**Cussons (UK) Ltd.**  
Tel: 0161 491 8000.

## Philips prepares to bare all for Ladyshave

Philips is supporting its Philips Ladyshave Skin Comfort ladies shaver with a new advertising campaign running from May until July.

Advertising will appear in top women's magazines during the peak 'prepare to bare all' pre-summer-holiday period.

The campaign highlights all the advantages of 'moisturising while you shave' and states 'now shaving can actually be good for your skin.'

Philips Ladyshave Skin Comfort (HP 6346 and HP 6340) dispenses a specially formulated Nivea Body Lotion as it shaves to leave the skin soft and smooth.

**Philips.**  
Tel: 020 8689 2166.

# Fresh shade for Imperial Leather



Cussons is launching a refreshing blue bar soap in its Imperial Leather Bar range in July.

Imperial Leather Everyday Freshness has a fresh, cool fragrance and contains sea minerals. The formulation includes moisturisers to leave the skin feeling soft and smooth.

The company is launching the soap in an attempt to revitalise the flagging refreshing sector of the bar soap market.

New 'freshness out of the blue' PoS material that includes dressed shelf trays and wobblers aim to

reinforce the freshness of the bar and the blue colour.

The launch package will also include a two million leaflet doordrop to consumers targeted around key retailers.

The leaflet will focus on the new product while reminding consumers of the existing Imperial Leather Original and Mild products. It will include a money-off coupon.

The soap will only be available in a pack of four x 125g bars (rsp £1.89).

**Cussons (UK) Ltd.**  
Tel: 0161 491 8000.

## Elida Fabergé's Timotei relaunch aims to revitalise natural haircare sector

Elida Fabergé is aiming to develop the 'natural' haircare sector with the relaunch of its Timotei haircare range on May 22.

New packaging featuring modern graphics and a new bottle shape is designed to attract younger consumers to the brand.

With the growing trend for women to colour their hair, a new shampoo and conditioner have been introduced especially for coloured hair.

Cotton & Peach Milk shampoo and Cotton & Orchid conditioner are formulated to care for and repair coloured hair. Both contain cotton extracts for their revitalising and repairing properties.

The shampoo also contains peach milk extract for its moisturising benefits and the conditioner has extract of orchid flowers for its deep nourishing properties.

Two other conditioners have also been introduced in the range - Honey

conditioner for dry/damaged hair and Orange & Wild Mint conditioner for fine/long hair.

Formulation improvements have been made to Honey shampoo for dry/damaged hair, Orange & Wild Mint shampoo for fine/long hair, Herb shampoo for normal hair and Cucumber two-in-one for all hair types.

The relaunch will benefit from a £7 million investment programme this year including a £4 million TV campaign. The TV commercial has been developed from the successful French TV campaign.

Support will also include radio, press, poster and internet advertising.

A one million sampling campaign is planned for the new Cotton & Peach Milk shampoo.

The shampoos retail at £1.69 (250ml) and £2.69 (400ml). The conditioners retail at £2.19 (300ml).  
**Elida Fabergé.**  
Tel: 020 8481 6000.



## Smooth talking Braun adds new summer shades

Braun is relaunching its Silk-epil epilation range with new colours for summer.

The Silk-epil Leg epilator, with three speed settings, will come in an iridescent blue aqua (rsp £39.99).

The Silk-epil Bodysystem, with interchangeable epilator and shaver head for delicate areas, is now available in alabaster, a subtle sand colour. This three-speed model comes in an attractive coffret (rsp £49.99).

A new two-speed model Silk-epil comes in green (rsp £34.99).

Braun is featuring a new 'most gentle' claim on its Silk-epil range. The long-lasting effects of leg-epilation are also highlighted with an on-pack statement that Silk-epil will give ultra-smooth legs for up to three weeks.

● Braun has a new hair dryer in the mid-range sector. The Braun B1200 Swing is a 1200-watt model with a modern, feminine design. It features a combination heat/speed switch and easy-clean filter.

The matt/shiny black and grey dryer comes with a concentrator nozzle and a power flower attachment for extra gentle drying. Retail price is £11.99.

**Braun (UK) Ltd.**  
Tel: 020 8560 1234.

## Fresh scent from Guerlain

Guerlain is launching a fresh new fragrance for women.

Flora Néroli is a light floral eau de toilette with neroli as its top note. The heart notes are a blend of sensuous jasmine and orange blossom absolute. A warm note of incense adds seductive allure.

Retail price is £36 for 125ml edt spray.  
**Guerlain Ltd.**  
Tel: 020 8998 1646.





## Senokot on TV

Reckitt & Colman is supporting its Senokot constipation brand with a £1.5 million national TV campaign.

The new TV commercial features the strapline 'natural relief for a brighter tomorrow'. It will be on air on ITV, C4 and Satellite from May 15 to mid-July.

The aim of the campaign is to communicate that the brand contains a natural active ingredient and works in tune with your body.

The commercial explains how just two tablets can provide natural, predictable, overnight relief from occasional relief from occasional constipation.

Eye-catching PoS material is available to support the campaign in-store.

**Reckitt & Colman Products.**  
Tel: 01482 326151.

## IN BRIEF

### New pillow lift

Mountway is introducing a new lightweight, compact pillow lift suitable for those confined to bed through ill health. The Serena Pillow Lift gently lifts and lowers into the ideal position for resting, sleeping, reading, watching TV and getting in and out of bed. Features include a soft foam mattress that provides both comfort and support and the cover is easy to wipe clean. The pillow lift has a wooden frame, and comes in one size that fits any bed.

**Mountway Ltd.**  
Tel: 01495 718000.

### Makeover for shaving oils

King of Shaves has relaunched its Original and Formula Alpha Shaving Oils with new geometric bottles. The Original Shaving Oil (rsp £3.19) contains natural exotic and essential oils and is formulated to eliminate all symptoms of rash, razor burn and sore, red skin. Formula Alpha Shaving Oil (rsp £3.29) contains the same properties as Original but with extra ingredients including aloe vera.

**Knowledge & Merchandising Inc.**  
Tel: 01494 783066.



## Anadin Ultra set to change up a gear

Whitehall Laboratories has announced a new sponsorship deal for Anadin Ultra.

The brand will sponsor a new Lotus Sport Elise in the official Autobytel Lotus Championship. The striking yellow Anadin Ultra branded car has been developed specifically for the series and uses some of the most advanced motor racing technology available.

With extensive terrestrial TV coverage, the car is expected to be seen by millions of potential consumers.

A web site at [www.lotusmotorsport.com](http://www.lotusmotorsport.com) will carry all the latest news and results on the series, as well as information on Anadin Ultra.

**Whitehall Laboratories Ltd.**  
Tel: 01628 669011.

## Maws teat claims fewer colic symptoms

Jackel International is claiming that babies fed with its Maws Variflo teat cry significantly less and have fewer colic symptoms.

The claim is being made as a result of a two-year clinical trial among mothers of new babies published this week in the health journal *Professional Care of Mother and Child*.

The Maws Variflo features a cross cut in the end instead of a hole,

allowing the baby to control the flow.

Packs of the Maws Variflo teats (rsp £2.19), feeding bottles and steriliser starter kit will now be flashed with the clinical claim to increase awareness among mothers.

Consumer leaflets are available, giving parents the chance to claim their money back if they are not satisfied with the results.

**Jackel International Ltd.**  
Tel: 0191 250 1864.

## ON TV NEXT WEEK

**Benadryl Allergy Relief:** All areas

**Braun Syncro:** All areas

**Calpol:** All areas except U

**Clarityn:** M, LWT, CAR, C4, GMTV, TSW, Sat, C5

**Clearblue Home Pregnancy Test:** G, A, W

**Gillette MACH3 razor:** All areas

**Oxy:** All areas except U, CTV, GMTV

**Oxygen:** All areas except U, CTV, GMTV

**Senokot:** All areas except G

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire

## Baby food claims with no added meaning



Babyfood labels are often peppered with claims but some are meaningless because they trumpet a practice that is required by law.

In a new survey of more than 400 babyfoods, the Consumer's Association found several examples of meaningless wording such as 'specially formulated', 'wholesome ingredients' or 'balanced nutrition'.

Despite claims like 'no added salt', the survey points out that the amount of salt that can be added to babyfood is controlled by law as babies should not eat salty food.

Similarly, no preservatives are allowed in babyfoods but some antioxidants, such as vitamin C, are added to stop food going off.

The survey points out that 'no added sugar' doesn't necessarily mean no added fruit juice. Artificial sweeteners are not allowed in babyfood.

The survey scoured babyfood ingredients to see how many were sweetened with sugars or fruit juices. Nearly 40 per cent contained sugar, fruit juice or both. The meal most likely to contain sugar was breakfast - nearly 60 per cent as added sugar.

Six 'savory' meals contained glucose syrup, a form of sugar, and just under half the desserts contained some form of added sugar.

The survey also highlights foods where the name poorly describes the contents. For example, Heinz Egg Custard with Rice has more sugar than egg or rice and Cow & Gate's Banana Rice Pudding contains no banana - just banana flavouring.

Some foods contained additives such as starches, gums and maltodextrin to thicken and alter the texture. In all, 40 per cent of the foods surveyed contained some form of starch.

Some brands clearly state that they don't add starches, while others contain more than the ingredients mentioned in the name of the product. For example, Cow & Gate Sage & Turkey Casserole has more maltodextrin than turkey.





## No non-drowsy allergy tablet works as *fast*

Every minute counts for hayfever sufferers. That's why Benadryl Allergy Relief should be your number one recommendation. Benadryl is active in 15 minutes, bringing unsurpassed speed of action. So from now on make Benadryl your fast thought for rapid action.

**Why make your customers wait any longer?**



**Benadryl**  
ALLERGY RELIEF

HAY FEVER	✓
DUST ALLERGY	✓
PET ALLERGY	✓
SKIN ALLERGY	✓

Contains Acrivastine

**Presentation:** Capsules containing 8mg Acrivastine. **Uses:** Allergic rhinitis and allergic skin conditions. **Dosage:** Adults and children over 12: one capsule up to 3 times a day. Not for use in the elderly (over 65 years). **Contra-indications:** Hypersensitivity to Acrivastine or Triprolidine or renal impairment. **Precautions:** It is usual to advise patients not to undertake tasks requiring mental alertness while under the influence of alcohol and other CNS depressants. Caution during pregnancy. **Side effects:** Reports of drowsiness are extremely rare. **Price (ex VAT):** 12s £3.46, 24s £6.01. **Legal category:** P. **Licence holder:** Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. **Product licence number:** 15513/0035. **Date of preparation:** March 2000.



Scars and their treatment is a new focus in the wound care market, reports Charles Gladwin

# Scared of scars?

**T**he chances are that somewhere on your body you will have at least one scar. Each year about 4.5 million surgical procedures are carried out in the UK and combined with other incidents and accidents, a conservative estimate of the number of new scars formed each year is 6 million.

But while many people may regard scars as a trophy, part of growing up or just something that is there, for many others their scar is a significant problem.

It should not be assumed that the larger the scar the bigger the problem. Many scars are quite small – a couple of inches or less – but if they are in a visible place, such as on the face, it can be embarrassing for the sufferer.

Research suggests that there may even be an inverse relationship between the severity of the scar and the degree of psychological distress.

A scar can make someone lack self-confidence, anxious about social situations, feel socially isolated, or cause depression. Even if the scar is not normally visible, the owner may still be too embarrassed to go swimming or use a changing room. Summer clothing may be a problem. For some a scar may even deter intimate contact with a partner.

And don't forget, it's not just the appearance of a scar and other people's reaction to it that may cause problems. Scar tissue lacks elastin so can be uncomfortable or painful. It may itch and for some, especially if the scar is on a flexure, it can severely restrict movement so that further problems may develop from compensatory movements. Heat or sweat can make a scar more uncomfortable.

Scars are very personal things but most people's perceptions of them are negative. The Hollywood image of the bad guy is the man with a scar on his cheek; the 'body beautiful' ethos equates beauty with goodness. A prominent scar may be a significant factor in whether someone gets a job or not, or may lead to someone being



Red and raised scar on knee, typical of hypertrophic or keloid scarring

discriminated against in other ways such as teasing, or intrusive questions. Non-verbal communication such as staring or not looking at a person or standing further away, can all be subtle reminders of the scar.

Very rarely is a scar a result of a positive event, and trauma is always involved. So for many, the scar's permanency is a lifelong reminder of an unpleasant episode. The fear of scarring may also be a deterrent to someone having surgery.

What is perhaps surprising is the low level of advice health professionals give on scarring.

A recent survey suggests that only 7 per cent of people with scars have been given unprompted advice on how to deal with scarring. A particular problem in the past has been the surgeon or GP seeing the healing of the skin as the end of that particular treatment. However, it behoves health professionals to consider extending their care to treating the scar.

The quality of the advice could also

be improved. While people with scars are most likely to ask their GP for advice, about 15 per cent had asked the pharmacist or nurse. But about a quarter of these people said that the pharmacist's advice on scarring was not helpful. And more than a third thought their GP's advice was not helpful.

## Assessing the problem

The scar survey is a result of work carried out by the Scar Information Service. Established by Smith & Nephew, SIS has set up a database of scarring, using responses to a questionnaire it advertised. It presented some of this data recently at the first UK conference on scarring, held in London in February.

Of 1,462 questionnaires issued, the survey has been compiled from the 971 responses that had been received by November 1999. The majority of responses were from females (74 per cent) but responses covered all ages (under 18 years 7 per cent; 18-34,

25 per cent; 35-54, 35 per cent; and 55+, 33 per cent).

The average number of scars people reported having was two to three, and most of these were considered 'mature' – over two years old. Scar distribution was widespread, but scars in the chest and abdomen were associated most commonly with surgery while the head, hands and face bore most of the accidental scars.

Most of the scars were less than three inches long, suggesting that people are concerned about small scars. The main cause of scars was surgery, in 75 per cent of cases. Accidents accounted for 14 per cent and burns and scalds 5 per cent. Other causes include body piercing and self-mutilation – done by about 500,000 people annually in the UK.

The figures also suggested that 6.5 million people have red or raised scarring, typical of hypertrophic or keloid scarring.

Hypertrophic scarring results in a red and raised scar at the site of

Smith & Nephew



trauma. Keloid scarring is when red and raising scarring occurs beyond the site of the trauma and can continue 'growing'. This can be more common in dark-skinned individuals.

A hypertrophic scar is a physical response to injury, often after surgery or infection. They can 'grow' quickly, over six months and mature after 12-24 months. They are most commonly seen in areas of thick skin, such as the back. The scarring stays within the edges of the wound.

In keloid scarring, there is an inherited alteration of collagen, which may often happen after trauma. Factors affecting formation include skin thickness, the wound's orientation to normal skin tension lines, family history and other dermatological diseases such as acne.

The prominence of the scar can be dependent on temperature too, as capillaries in the scar are more dilated than normal skin capillaries at lower temperatures. This means the scar may be more prominent in colder conditions.

A keloid scar tends to be more firm, tender and is likely to itch more than a hypertrophic scar. Itching may be associated with growth phases of the scar. Keloid scars are likely to recur if a surgical technique is used on the scar - 'surgical revision' -- with the subsequent scarring being larger than the original.

## Holistic help

The first thing to consider when helping a person with a scar is to 'behave normally'. Don't overreact. People with scars will be used to people looking, which is part of human nature, but overcompensating in not acknowledging a scar can be just as embarrassing as pointedly referring to it.

James Partridge, founder of support group Changing Faces and someone who has extensive scarring, warns that medics and other health professionals can be focused on the 'outside' - the appearance and physical problems such as pain. "But it is vital to look at the inside too. Ask how it feels, what are the experiences for the sufferer outside," he said at the SIS conference. It may not be the scarring that is the problem, but the fact that it is causing other problems such as a speech impediment or dribbling. "These can be more of a factor in social behaviour or feelings than the disfigurement itself."

Four key areas should be considered: what social support a person has; what social skills they have; what their beliefs and expectations are about treatment; and what information they need.

Individuals should be informed about all treatment options so they can make their own decision. Health professionals can do a lot to make sure people get that information, said

Mr Partridge. People also need to avoid 'write-off thinking'.

"It's vital for health professionals to provide positive thinking to point out positive role models and to put people in touch with support groups." Health professionals can also be involved in the social support network. It is also important to normalise their feelings as those the sufferer may have will be quite common.

## Treatment options

People seeking advice may have unrealistic expectations of what might be done. They may be aware of medical or surgical interventions, through adverts for private clinics, and people may even put their lives on hold waiting for the next intervention.

It is important to find out what problems the scar is causing - both physically and psycho-socially.

Besides asking how the scar's appearance is affecting the person, consider if the scar is restricting movement; is skin 'dragging'; is the scarring pitted or allowing debris to collect causing infection; is the scar painful or itching?

Although treatment can help reduce the prominence of a scar, it is important to stress that the scar will not be completely removed. It is also important to stress that not all treatments are suitable for everyone or every type of scar.

### Physical treatments to try and reduce scarring include:

- camouflage
- silica/hydrocolloid gel
- surgery
- laser/dermabrasion
- liquid nitrogen
- intralesional interferons.

Massage and physiotherapy are important. Rubbing scars can help soften the skin and also desensitise the scar. Pressure is effective for some.

Topical vitamin E is not considered any better than anything else, but may appear to be beneficial because of being rubbed in.

The effects of hydrocolloid/silica gel sheeting were first recognised in the early 1980s. When used over several weeks, scar thickness and redness were seen to decrease, pain was reduced and movement or flexibility improved. It is not understood how the gel does this, but

the impermeable gel may alter skin hydration.

Patients should wear gel sheeting as long as is comfortable. If started early enough, within the first three months after the wound has first healed, the gel may also prevent a hypertrophic scar forming in the first place.

## Support groups

The British Red Cross offers a free national skin camouflage service for people referred by their GP or NHS or private consultant. A skin camouflage appointment lasts up to an hour and trained volunteers show the patient how to find the best match for skin tone and how to apply camouflage creams. Further information is available from the therapeutic core service co-ordinator at your local branch of the British Red Cross.

The British Association of Skin Camouflage offers residential training courses in all aspects of remedial camouflage. It provides patient information about skin camouflaging techniques, services and products, as well as how to obtain products. Further details of its services are available from the executive secretary, BASC, PO Box 202, Resources for Business, South Park Road, Macclesfield SK11 6FP. E-mail: elizabethallen1@compuserve.com.

The National Self-Harm Network is a support group for people who self-harm, and campaigns for greater understanding of people who self-harm. It can be contacted at NSHN, PO Box 16190, London NW1 3WW.

Changing Faces aims to support children and adults who have a disfigurement by building self-confidence and working to ensure they receive effective health care and rehabilitation. It also works to raise public awareness and knowledge about disfigurement. This includes running training courses for health professionals. Contact Changing Faces at 1-2 Junction Mews, London W2 1PN. Tel: 020 7706 4232; e-mail: info@changing-faces.co.uk; or web: www.changingfaces.co.uk.

The Scar Information Service was set up by Smith & Nephew to provide information to people who are scarred, their friends and family and medical professionals. It aims to offer factual information on all forms of scars, current medical and self-help treatments, and organisations and services which may be of help. SIS can be contacted via PO Box 2003, Hull HU3 4DJ. Tel: 0845 120 0022.



Child with scarring on neck and shoulder



After treatment: the scars have been improved



# Moist wounds means no scab

**T**he idea of moist wound healing as the preferred choice has finally taken hold in the community care setting. What has been practised in secondary care for several decades is now becoming the norm and should be considered the first-line treatment for most damaged skin.

The biggest problem, though, is educating the consumer – telling them that what they have been doing for decades is not now the done thing.

"We have tried to translate moist wound healing from hospital into the community," says Coloplast's Tracey Turle. When launched, Compeed was marketed as a revolutionary product for blisters. Hydrocolloid dressings are now driving the first aid dressings market, estimated at about £25 million, with Compeed leading the way, she adds. "The days of the plaster are gone."

Part of the process is educating pharmacists and pharmacy assistants to understand the dressing and the differences between hydrocolloid and the traditional plaster. "If we are saying hydrocolloids are the way to go, we have to do a two-pronged attack – to the trade and consumer."

Getting people to try a hydrocolloid dressing is also important, as Coloplast says there's an 80 per cent adoption rate among those who have tried Compeed. And sampling by pharmacy staff encourages recommendation.

Price perception has also been a factor. In the past, Compeed might have been seen as an expensive treatment compared with dry plasters. But with the entry of other hydrocolloid products into the market, price will become less of an issue.

There is also much interest in the role of hydrocolloid dressings in reducing or preventing scarring. While conducting trials on scarring, Coloplast is of the view that its products are for treating minor wounds; if used, there will be less scarring.

Compeed's marketing activity includes providing educational material, sponsoring a pharmacy of the year award, sampling programmes and targeting events, such as supporting Leukaemia Research Fund goody bags in the London Marathon, and it will be supporting the BUPA Great Northern and Southern Runs. Sampling will take place through women's and sporting magazines, but Ms Turle says: "We do not want to position ourselves as a sporting brand. We know we are not number



**Cica-Care: a silica gel dressing for improved appearance**

one in the market, but we want to be seen as driving the category."

Coloplast is also looking at working with pharmacy to expand the range, in particular asking pharmacists to help advise diabetics and parents of young children that it may be sensible to consult the GP before using a hydrocolloid dressing.

Recently Compeed has brought out plasters for finger cracks, from dry skin or paper cuts, bunion treatments and a 'Kidz' blisters pack with jungle markings. Other products include plasters for psoriasis, cuts and grazes, corns, and calluses and a cream for dry and cracked skin.

## No scab, no scar

Other companies are also looking at improvements in scarring. Smith & Nephew is researching prophylactic use of its silica gel dressing Cica-Care. Mölnlycke is promoting its Mepiform along the lines that its silicone gel sheet can help improve appearance.

Smith & Nephew has been bringing products into primary care and actively promoting them to the public. It believes there is increasing consumer demand for wound care products and is building on a new market of scar therapy.

Ian Scott of the Scar Information Service, set up by Smith & Nephew, believes that there is potentially a large market for products or therapies that can help with the appearance of a scar.

Its Cica-Care is being promoted with this in mind. The silica gel sheeting can be used to help reduce redness and size of keloid or hypertrophic scars. But at £37.95 recommended retail price, won't the

public be put off buying a product that could help with their scar?

Mr Scott agrees it is a lot of money, but argues that many people have a two- to three-inch scar which may not be life threatening, but can have a major psychological impact on their life. The pack offers treatment of up to four months for a small scar, so it works out at less than 50p a day.

Part of his work is to help raise public awareness of the treatments available and Smith & Nephew's non-invasive products, which involves getting people into the pharmacy. So the company is operating a major publicity campaign.

Scar Awareness Week from March 6-12 was heralded with the first UK conference on scarring the week before. Pharmacists have access to sampling packs, posters and other

information reminding the public to 'ask your pharmacist for advice'.

Pharmacists also need to be educated. "It's vital that the pharmacist has the knowledge to deal with patient enquiries," Mr Scott says. "Medics do not tell the patients that scars can continue to grow. And people in the primary care sector know virtually nothing about scars and scarring. From the medical point of view, we are trying to raise awareness of this and especially within health centres. With more minor surgery being done by the GP or practice nurse, we are looking at what other information they can pass on."

Patient leaflets prompt people having sutures removed to ask the GP, nurse or pharmacist or telephone the SLS helpline for advice on scarring. As the people most likely to remove sutures, practice nurses are being targeted to give advice about post-healing treatment. Sales representatives are spreading the message 'start thinking about scars; your care does not have to end once the wound has healed' to health professionals.

"The medical recommendation is important over the long term," says Mr Scott. About 15 per cent of people with scars have been into pharmacies for help and advice. People may feel they cannot ask their GP about a small scar; a pharmacist may be more approachable.

He believes that as primary care groups develop, wound care formularies will be increasingly important. "We are putting scarring on to the end of the wound formulary," he says, stressing again that "Your care does not have to end once the wound has healed."



**Compeed's hydrocolloid dressings**





Not designed by Wilkinson Sword. Not designed to give men exceptionally close shaves.



The FX Diamond spells trouble for shavable. Thanks to a revolutionary diamond coating your customers won't find a sharper blade.\* Or one that lasts longer.\* To be blunt, it's hardly worth stocking anything else.



**FXDIAMOND**

**NO BLADE LASTS LONGER**

\*Amorphous Diamond Blade Coating as tested under independent laboratory conditions among permanent shaving systems.



# Witch wakes up the market – naturally

## Watch out for Witch

From May 2000 there will be a new look in pharmacies as E. C. De Witt invests in a natural make-over for its existing Witch Doctor range. The new, relaunched 'Witch' products combine contemporary packaging with cleansing, soothing, natural witch hazel to offer the essential range for clear, healthy skin.

To capitalise on the growing trend for natural products, the company has plans to broaden the Witch range by introducing additional products in the future.

## Nature's best kept secret

The Witch range comprises products for all skin requirements using natural witch hazel to soothe and cleanse the skin. One of nature's best kept secrets, natural witch hazel helps to reduce skin redness and blemishes, dry up oily patches and cleanse pores. From beating spots to refreshing and toning skin and treating irritated skin, Witch with witch hazel offers consumers a natural and effective solution.

## The new-look Witch range

A modern, simple and striking look has been adopted for the new Witch range, communicating the witch hazel ingredient with the aid of a tree icon to reinforce the brand's natural properties. The new range comprises five key products:



**Witch Stick** – a handy natural witch hazel stick formulated with an anti-bacterial ingredient to help combat spots, dry up oily patches and shrink enlarged pores.

**Witch Cleansing & Toning Pads** offer the consumer a convenient and refreshing way to remove the last traces of dirt, make-up or soap. The anti-bacterial and cleansing properties of natural witch hazel make the soft and gentle pads ideal for cleansing, refreshing and toning the skin.

**Witch Doctor Skin Treatment Gel** combines natural witch hazel extract with skin treating conditioners to immediately relieve skin irritations or itching and reduce swelling and redness.

**Witch Doctor Lotion** is formulated with natural witch hazel in a mild anti-

septic solution to soothe and relieve minor skin irritations, bruises, sprains and sore unbroken skin.

**Witch Sun Sore Soothing Gel** contains natural witch hazel and skin conditioners to take the 'fire' out of sun-reddened skin and help relieve soreness. This easily absorbed gel provides lasting relief and the addition of vitamin E retains moisture in the skin, helping to minimise skin peeling.

## Heavyweight support package

To help drive sales and raise awareness of the new Witch range, a £2 million support package, comprising advertising and PR, will be launched in May 2000. A heavyweight consumer and trade advertising campaign will feature in key teenage and women's consumer

titles and trade publications. The creative will focus on the natural brand positioning and strong heritage of witch hazel with the strap line 'Witch. Strong in spirit. Gentle on skin.'

The interactive and informative PR campaign is designed to generate additional interest through a series of media skin care clinics, supported by a social psychologist and skin expert.

David Fowler, U.K. Marketing Director for Witch, comments, "As consumers increasingly turn to products with natural ingredients, we are confident that the new-look Witch range will appeal to a wide range of consumers, looking for simple yet highly effective skin care solutions. With a strong support package planned, pharmacists can look forward to rising sales, as consumers watch out for Witch in store!"

## Why recommend Witch?

Recent independent research\* commissioned by Witch revealed that:

- 67% of women prefer to use natural skin care products
- 63% of women feel that the condition of their skin is more important than the clothes they wear or their hairstyle
- 62% of women follow a regular skin care routine
- 42% of women prefer to use natural treatments on spots and blemishes

The Witch products and their ingredients are not tested on animals. For further information on the new-look Witch range of skin care products, call E. C. De Witt on 01928 579029

\*The Witch research was conducted by MRSI – 150 women, aged 16-44 years old, were interviewed nationwide in March 2000





# We've given Witch Doctor the treatment.

Introducing the new **Witch** range of skincare products. We've taken all that's good about Witch Doctor...and made it even better. You can recommend a proven, effective products with the cleansing and soothing qualities of natural witch hazel. And we have big plans for **Witch** in the future, so you'll be able to offer an even wider **Witch** range when we introduce more exciting new products. So make sure you place your order for the **Witch** range today. With a heavyweight £2m advertising and PR launch behind it, we're expecting quite a demand!

**Witch. Strong in spirit.**  
**Gentle on skin.**



Witch Stick, Cleansing & Toning Pads,  
Skin Treatment Gel, Lotion, Sun Sore Soothing Gel.



**Renaming**  
Witch. The new name  
for Witch Doctor



**Repackaging**  
Eye-catching  
new packaging



**Reinvesting**  
Heavyweight  
£2m advertising  
and PR launch



**Remarketing**  
New products,  
new profit opportunities

**WITCH**<sup>TM</sup>  
with Natural Witch Hazel



## Market watch

Smith & Nephew is making the consumer more aware of products which will help wounds heal faster and that moist wound healing means less scar formation.

Seasonality in the first aid market means S&N will gear up its advertising in the summer. The message is not just about first aid but also helping the wound to heal better.

As S&N products are used in the hospital and pharmacy every day, the company feels able to build on its 'medical heritage'. It plans to utilise its Opsite dressing for over the counter sales and introduce other more sophisticated products in patient pack formats in its Advanced range. Attention will be paid particularly to Cica-Care and scarring.

The new Elastoplast Skinvisible incorporates Opsite and a hydrocolloid pad acting like a second

- hypoallergenic as 'Sensitive'
- improving the waterproof adhesive
- making the cushioned range breathable and more conformable
- medicating the clear range and making the dressings thinner and more discreet for use by people with darker skins
- introducing a first aid kit endorsed by the St John's Ambulance.

The new activity will be supported through the summer with media and promotional support. Advertising in women's interest magazines continues to the end of June, and a poster campaign runs at roadside or car park sites in July and August.

Advice is an important element for pharmacists. The pace of change of understanding wound management and the Drug Tariff means that it's necessary for the pharmacist to keep up to date with what's available, says Elastoplast marketing manager Linda Alewood. So where does the pharmacist fit in? Wound care formularies are playing an ever-increasing part. If the route of supply is to remain with the pharmacist then the pharmacist has to be aware of that.

S&N can help pharmacists with more information on PCGs and wound care formularies. A revised formulary package has been designed to help customers provide product choices based on clinical performance and focuses on cost-effectiveness. The company also offers advice on range stocking and merchandising with planograms and a qualified nurse is available to answer questions on wound healing and S&N products on 0800 590173.

**Smith & Nephew Healthcare Ltd.**  
**Tel: 01482 222200.**

**Smith & Nephew Consumer Products Ltd.**  
**Tel: 0121 327 4750.**

### Savlon

Despite the trend towards self-medication and self-help, first aid knowledge remains low among the general public, says Novartis's Savlon. About one in six adults are fully trained in first aid techniques, but this figure is growing and supporting the first aid category as a result.

Savlon estimates the first aid market is worth about £115m and is one of the fastest growing sectors in self-medication. Within that, Savlon has a significant stake. 'Savlon antiseptic cream is the best known product in the Savlon range, with antiseptic creams accounting for 15 per cent of the first aid market and growing at 8.7 per cent,' says Harriett Player, senior brand manager for the Savlon range at Novartis Consumer Health. Savlon also leads in antiseptic sprays with the market showing 31.1 per cent growth.

Savlon has a high level of consumer awareness at 96 per cent. Building on this will be a £1.2m support package

running throughout this year. The brand also has a strong affinity with mothers, as first-aiders in the home, looking for a skin healing product which treats children effectively with little or no stinging.

Earlier this year, Savlon ActivHeal was launched with the mission statement 'ownership of the first aid category through the development and promotion of the Savlon Family First Aid Range of products'. Within this Novartis plans to have an umbrella branding strategy with new first aid sub-categories and to develop a long-term relationship with mothers.

Savlon ActivHeal was launched to introduce the Savlon name into the largest first aid category, plasters and dressings worth about £50m. There has also been growth of 25 per cent in added value plasters. A film dressing completes the Savlon portfolio on a 'cleanse, treat and protect' programme.

Active promotion began in April with Savlon ActivHeal sampling at the Flora London Marathon and at the pre-marathon exhibition held at the London Arena. Next week Savlon goes on the 'road to Sydney' attending athletic events in the UK in the run up to the Olympics. One of the key promotional features for ActivHeal is that it helps prevent scarring.

Savlon is at [www.savlon.co.uk](http://www.savlon.co.uk) or [www.savlonfirstaid.co.uk](http://www.savlonfirstaid.co.uk).

**Novartis Consumer Health.**  
**Tel: 01403 210211.**

### Novogel

March saw a new wound care listing in the Drug Tariff. Novogel has been used in hospitals for the past few years, mainly for management of scar tissue after burns. However, the hydrogel sheet dressing is suitable for other wound care conditions, says Kerry Jerram, clinical nurse specialist for Ford Medical Associates.

Novogel is made of glycerine 65 per cent, water 17.5 per cent and polyacrylamide 17.5 per cent. The high level of glycerine gives Novogel an advantage in healing damaged skin as with a concentration of over 25 per cent it inhibits bacterial and fungal growth. 'This is a major benefit in odorous wounds, and has the advantage that when placed on a superficial wound, the wound will not become infected,' says Ms Jerram.

The water content adds to the cooling effect, with an immediate pain-reducing effect, and can be useful for painful wounds such as burns or scalds. It may also help relieve the soreness of cracked nipples in breast-feeding mothers.

Novogel incorporates a lycra support allowing the dressing to conform to body parts, such as joints, which otherwise are difficult to dress.

Other conditions for the use of Novogel include skin abrasions, light burns and scalds, small cuts, interior



### Savlon first aid

subcutaneous bleeding due to impact, large wounds requiring temporary treatment, dry wounds such as heel fissures, foot ulcers, and wounds requiring padded protection.

As Novogel is now in the Drug Tariff, manufacturer Ford Medical Associates will launch it to community nurses as an FP10 product at next month's Wound Care for the Millennium Conference in Cardiff.

For further information, a sample and introductory offer, fax Ford Medical on 01376 339014. Novogel is also available from TVM Healthcare on 01530 565100.

**Ford Medical Associates.**

**Tel: 01376 343061.**

**E-mail: [tmford@globalnet.co.uk](mailto:tmford@globalnet.co.uk)**

### TCP

TCP support includes a £1m advertising campaign via posters and the women's consumer press in time for the summer holiday season.

The first aid fixture is important for boosting summer sales and promotes the 'rationalised, multi-purpose range' as an answer to limited space. The liquid, cream and ointment should be dual sited in both the first aid and travel health sections.

Pfizer marketing manager Barbara Hodgson commented: 'Because TCP is a holiday essential for many families when travelling to foreign climes, pharmacists can be assured of boosting their sales by stocking the range without taking up too much valuable shelf space.'

**Pfizer Consumer Healthcare.**

**Tel: 01420 84801.**

*Continued on P24 →*



### Elastoplast's new Skinvisible

skin to protect wounds. A special limited edition pack is planned for later this summer.

S&N has produced an education pack for health professionals to explain how wounds heal, which products to recommend for which sort of wounds and when to refer for further investigation. It is also running training sessions for pharmacists and pharmacy staff. A wound care training module is available for distance learning.

For Elastoplast as a brand leader with 16 per cent of the first aid dressing sector (HRI December 1999), promotion began in earnest in April, with product sampling. This year sees new developments too, with several products being launched in April.

These include:

- a hydrocolloid dressing for younger people taking part in sports
- Barbie (the first time Barbie plasters have been available in the UK) and Action Man ranges - 'a very strong offer, it will almost sell itself'
- reviewing core products to describe benefits better, eg remaining



### TCP: £1m campaign



# Senokot

## Realise the potential

As the category leader in the laxative market, Senokot is continually looking for ways to help you support your customers. By identifying Diet Modifiers as potential new customers, Senokot has provided pharmacy with a tremendous opportunity to grow the laxative market.

Through the use of specifically targeted promotional campaigns and support material, Senokot will help you realise the potential of the Diet Modifier category and help you meet their needs.

### Senokot hits the screens

In recent years, Reckitt & Colman has been the only manufacturer to advertise constipation remedies on TV and, as the leading manufacturer in the laxative market, the company is committed to driving pharmacy sales by boosting the category in this way.

In 1999 Senokot was the only constipation brand advertised on TV and as a result, three out of the



*Senokot hits the air nationally from May 15*

five best-selling constipation treatments are Senokot lines.

### Relief is not just a dream

This year Senokot has developed a £1.5 million TV campaign that specifically aims to bring new users like the Diet Modifiers into the laxative category.

The advertisement, entitled 'Dreams', hits the airwaves nationwide from May 15 and directly addresses the psychological barriers that Diet Modifiers have about laxatives.

The advertisement reassures them that a natural, effective and

predictable treatment is available for their occasional constipation at their local pharmacy.

The TV advertisement promotes the message that Senokot contains a natural active ingredient that works gently on the bowel to relieve the symptoms of occasional constipation.

It also emphasises that Senokot is a gentle, effective and predictable remedy that works in a given time scale so that the consumer will always be in control.

### In support

To help you cater for Diet Modifiers

when they approach your pharmacy for their constipation remedy, Senokot point of sale material is also available.

A Senokot counter unit illustrates how just two small Senokot tablets can provide gentle, predictable relief from constipation in one dose. The unit also holds consumer leaflets so that Diet Modifiers will be able to discreetly take a leaflet and read about the causes, symptoms and treatment options available to them at home in private.

Pharmacists can request this point of sale material by calling freephone 0500 208 209.

### The personal touch

Senokot also invests heavily in the training and education of its territory managers. This equips them to continue to provide information and advice to pharmacists and pharmacy staff on the treatments available for the spectrum of constipation sufferers who visit each individual pharmacy. *Next week: We take a look back at the main points about Diet Modifiers and how Senokot suits their needs.*



### The five best-selling constipation treatments

Product and Pack size	Pharmacy sales value	Manufacturer
Senokot 20s	£2,400,000	Reckitt & Colman
Senokot 100s	£2,300,000	Reckitt & Colman
Fybogel Orange 10s	£2,000,000	Reckitt & Colman
Senokot 60s	£1,900,000	Reckitt & Colman
Dulcolax 60s	£1,500,000	Boehringer Ingelheim

Source: Information Resources Pharmacy Value Sales MAT January 2000



Senokot and the sword and circle symbol are trademarks.

**Senokot Essential Information Active Ingredients:** Each Tablet contains standardised senna equivalent to 7.5mg total sennosides. Each 5ml spoonful of Syrup contains standardised senna extract equivalent to 7.5mg total sennosides and 3.3g of sugar. Each 5ml (2.73g) spoonful of chocolate Granules contains standardised senna equivalent to 15mg total sennosides and 1.64g of sugar. **Indications:** Relief of occasional or non-persistent constipation. **Dosage Instructions:** Adults and children over 12: Two Tablets in 24 hours, or two 5ml spoonfuls of Syrup, or a level 5ml spoonful of Granules, taken at night. Children 6-12: One 5ml spoonful of Syrup taken in the morning. Tablets and Granules to be taken only on a doctor's advice. Children under 6: Syrup to be taken only on a doctor's advice. Tablets and Granules not recommended. **Contraindications:** In common with other laxatives Senokot should not be given when undiagnosed acute or persistent abdominal pain is present. **Precautions and Warnings:** If there is no bowel movement after three days consult a doctor. If laxatives are needed every day or abdominal pain persists consult a doctor. Do not take Senokot Syrup or Granules if you are a diabetic. **Side Effects:** Temporary mild griping may occur during change in dosage. **Retail Sale Price:** Tablets: 6 Tablets – £1.29, 20 Tablets – £1.89, 60 Tablets – £4.34, 100 Tablets – £5.19. Syrup: 100 ml – £3.05. Granules: 100g – £4.49. **Marketing Authorisations:** Senokot Tablets – 0063/5000R, Senokot Syrup – 0063/5003R and Senokot Granules – 0063/5002R. **Supply Classification:** Through registered pharmacies except 6's tablet pack (GSL). **Holder of Marketing Authorisations:** Reckitt & Colman Products Limited, Dansom Lane, Hull, HU8 7DS. **Date of Preparation:** April 2000.



# UNICHEM GREAT BUSINESS AWARDS

## ...Recognising Initiative

Two free places on UniChem's 2001 Convention are the reward for the winners of the Great Business Awards. In addition the 3 category winners will each receive a £1,000 contribution towards the holiday of their choice. Fresh ideas, original thinking, bold actions are what the judges will be looking for.

*Here's a reminder of...*

### CATEGORY 3

## BUILDING RELATIONSHIPS IN THE COMMUNITY

All independent pharmacies need to be seen as the centre of healthcare advice in their locality. This category rewards pharmacists who have established strong links with the community via activities such as local sponsorship, prescription delivery or special needs services.

## HOW TO ENTER

Entry to the 2000 Awards must be via an official Entry Form. Look out for these in the UniChem Promotions Book or UniChem Update. Alternatively you can get a form from the UniChem salesforce or by calling the Marketing Department at UniChem Head Office on 020 8391 7156.

**CLOSING DATE FOR ENTRIES IS 31 AUGUST 2000**

SPONSORED BY



→ Continued from P22

### Nexcare

3M Health Care has relaunched its consumer first aid range under the Nexcare brand name. The 16 products are promoted as 'First choice for performance and protection'.

Marketing manager Kate Griffiths said: "Our research has shown that many people are no longer prepared to accept a plaster that cannot be removed, or that just falls off."

"There is a genuine desire to learn more about first aid techniques and the right products to use in different situations. These consumers who we identify as 'wanting the best for their family' will become loyal to a brand that offers a little extra in terms of performance."

Within the Nexcare range new products include the Protect Strips Tattoo Sports designs and the Coban Self Adherent Bandage.

Support includes consumer education via the UK pages of the 3M website ([www.3m.com](http://www.3m.com)) with a downloadable first aid guide. First aid features and product sampling will appear in consumer magazines, and there will be a radio first aid challenge and event sponsorship programme.

**3M Health Care.**  
**Tel: 01509 611611.**

### Quick2heal

Robinson Healthcare's Quick2heal was launched in March to offer consumers a choice of moist wound healing dressings for first aid.

Emphasis is on the plasters acting as a second skin helping to create moisture-controlled conditions and healing without scab formation. The moist environment can also help soothe and cushion damaged nerve endings and lessen pain.

Quick2heal comes in three types: Transparent Film plasters for grazes, friction burns and sore areas; Ultra Absorbent plasters for cuts, blisters and minor burns; and Skin Closures with Transparent Film plasters for deeper cuts. The plasters are designed to be left on to avoid disturbing the healing skin, and may be left on for three to seven days.

Patient information leaflets are available from Robinson Healthcare.

**Robinson Healthcare.**  
**Tel: 01246 220022.**  
**E-mail: [hc@robinson.co.uk](mailto:hc@robinson.co.uk)**

### Dettol

Reckitt & Colman's Dettol First Aid range has been repackaged. The new look is designed to improve shelf standout with all packs conforming to a common design which retains the original strong brand cues.

Illustrations of a hand, bee and flame appear more prominently on the Antiseptic Pain Relief Spray to highlight different occasions of usage.

Dettol brand manager Helen Bisset said that consumer research indicates

that the redesign broadens the range's relevance in a number of first aid situations. Consumers found it easy to navigate around the redesigned range, she said, and reported that the new packaging conveyed the message that Dettol is effective.

**Reckitt & Colman Products.**  
**Tel: 01482 326151.**

### First Care

A first aid dressing for use on bleeding wounds in pre-hospital emergency situations was introduced by Steroplast earlier this year. The First Care Emergency Bandage uses a direct pressure system which can help reduce bleeding as quickly as possible. It consists of a low-adherent dressing pad applied to a retaining



### Dettol's repackaging

bandage, with a plastic pressure-applying bar and securing clip. It is available in three formats - regular, active and military - to cover a variety of conditions and should be useful for lone workers in hazardous conditions, says Steroplast.

**Steroplast Ltd.**  
**Tel: 0161 406 6330.**  
**E-mail: [sales@steroplast.co.uk](mailto:sales@steroplast.co.uk)**

### Microplast

First Aid UK, part of Staffaid Products, has launched a new dressing designed specifically for occupational health workers. Microplast comes in two colours: white for health professionals and blue for the food industry. A moisture vapour permeable film prevents maceration encouraging adhesion, and the dressings' thinness should not restrict sensation.

**First Aid UK.**  
**Tel: 01260 298398.**

### CliniSorb

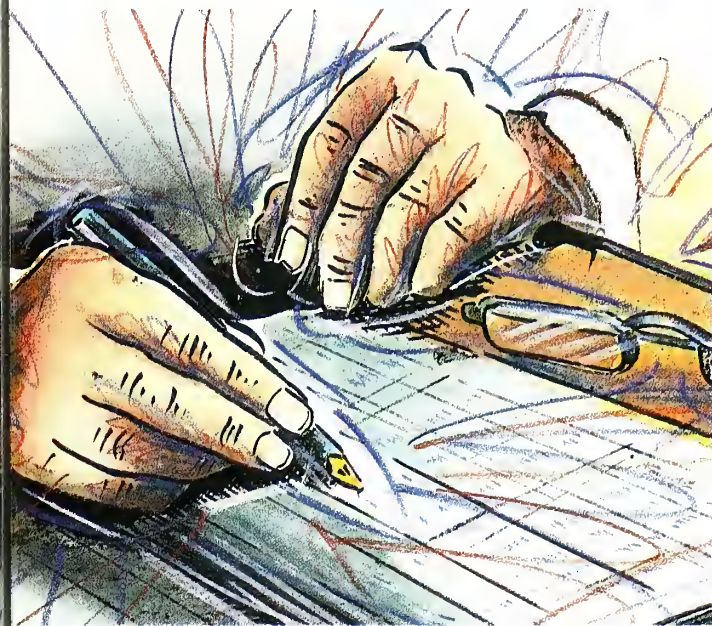
CliniSorb, the sterile secondary dressing, designed to absorb the odour from malodorous wounds such as leg ulcers or fungating tumours, is now recognised in the Drug Tariff, says CliniMed. CliniSorb is available under 'Activated charcoal non-absorbent dressing'. The dressing comes in three sizes and can be cut to shape and moulded to fit the wound.

**CliniMed Ltd.**  
**Freephone 0800 585125.**



Keeping a good bookkeeping system is essential if you want a viable pharmacy, as **Umesh Modi** explains

# Bookworm



If I were to ask any pharmacist how much his business was worth, would I get a correct answer? I suspect not. I'm not suggesting that, as pharmacists, you should get a degree in accountancy so that you can interpret your financial statements. But as owners of a retail business, trading in one of the most competitive business environments, you are running a huge personal risk unless you have a sound understanding of how well your business is doing.

You can mitigate some of the risk by having a good bookkeeping system.

## Manual accounting

Surprisingly, a lot of pharmacists still use a manual bookkeeping system. While manual methods such as the Simplex books or the red cash books are good for recording your daily OTC sales, cash expenses, NHS receipts, VAT refunds and cheque and direct debit payments to suppliers and service providers, they have a major flaw. It takes a long time to produce a summary of your assets, liabilities, sales and expenses – collectively called 'management accounts' – at the end of the month or quarter.

As a result, most people using a manual system do not produce management accounts. But without

such information, how can you make some of those important business decisions, which could ultimately affect you and your family?

If there was anything to learn from the last recession, it was that monthly or quarterly management accounts are far more useful than the annual accounts, which are produced some three to six months after the year-end (in some cases much later, depending on how well you and/or your accountant like to do things). How can you then take remedial action to overcome the shortcomings of the previous 15 months or more? It is obviously too late.

We have implemented a quarterly reporting system for many of our clients, the majority of whom say that they would never be without it now.

If the business cycle still exists and we have another recession in two to three years, those businesses with a good accounting system will probably see the problems sooner and take the necessary action quicker than others.

Management accounts should be produced monthly or at least quarterly. They are effectively a breakdown of the annual accounts into 12 monthly accounts or four quarterly accounts.

As these accounts will let you know exactly how the business is doing, you will become very focused. You will not be taken by surprise, for

example, by the final tax bill because you will be able to plan for the liability.

You will no longer need to worry about annual accounts or presenting these to your bank manager; you will already have given him quarterly accounts.

In my experience if you keep your bank manager informed this way, you will generally have very little difficulty in securing loan facilities. Bank managers like to lend to businesses with impressive management. Furthermore, you can send these accounts to your accountants, who can review them to cover any tax planning points at least every quarter

## In the Profit and Loss Account

OTC sales

NHS sales

Cost of sales

Gross profit and gross profit margin

(assume same stock holdings as the year-end or use precise figures generated from the EPoS system)

Wages and salaries expenses

Other expenses

Net profit and net profit margin

## In the Balance Sheet

Assets

Goodwill

Freehold/leasehold properties

Plant, equipment and motor vehicles

Investments

Stocks

NHS debtors

VAT debtors

Cash and bank accounts

Liabilities

Trade creditors

Other creditors, including PAYE/NIC

Loan creditors

rather than after the year-end accounts are prepared, which will be available some six months after the year-end.

Assuming that the management accounts are prepared quarterly, you should be able to compare the items detailed in the above box for each quarter with the same quarter in the preceding year.

If the total of assets less liabilities is increasing every quarter, the business is profitable and its value is increasing. Conversely, if the liabilities exceed assets, the business will eventually have severe financial problems.

You will now be in a position to answer my original question: what is

your business worth?

I mentioned earlier that management accounts keep you focused. So if you want to make your business more valuable, which is the goal of most business people, you should concentrate on widening the gap between the assets and liabilities.

To achieve this you need to improve the net profits in each quarter by making sure that the sales and gross profits are increasing and expenses are shrinking to a feasible level. Each quarter, therefore, you need to examine your business closely. If the performance in any quarter is not satisfactory, questions should be asked and remedial action taken immediately.

All this scrutiny will benefit another area: customer care. After all, sales and profits will only increase if you put enough effort on customer care, business development and general marketing.

## Computerised systems

There are many systems, but two of the most popular would suit retail pharmacy:

### ● Sage bookkeeping system

This system is Windows-based. Once all the data is posted, you will be able to produce the monthly VAT return and monthly or quarterly management accounts. The software is developed and supported by Sage, a publicly quoted company. In fact, this has been the fastest growing company over the past five years and is listed in the Footsie 100.

### ● Ob-serve bookkeeping system

This is designed for businesses that also have cash sales, and is also Windows-based. The monthly VAT returns and management accounts are easy to produce. Its software is more user friendly because it does not expect you to have any accounting knowledge. Ob-serve Business Computing Ltd has been in business for the last ten years and has a good support staff.

Once computerised, and providing you get the right training, you will find the systems indispensable. Remember, you need to be trained to use them and you must not compromise on the cost – that would be like a layman trying to prescribe medicine without any formal training! Getting the expertise to produce a reasonable set of accounting records will take time, but you will get there.

One final reward – you'll save on accountancy fees.

*Umesh Modi is a partner of Hutchings Modi & Co, accountants & tax consultants, tel: 020 7433 1513.*



## Central filling is on the increase

The combination of a growing shortage of pharmacists, coupled with workload concerns of those involved in community practice, has given impetus to the development of central prescription filling facilities.

Retailers, wholesalers and technology companies are all at varying stages of studies on this area, and widespread implementation appears imminent.

Central filling is the process of having certain prescriptions – primarily if not exclusively refill prescriptions of maintenance medications – filled at a site other than the pharmacy in which they were originated.

After filling, they are delivered to the pharmacy that the patient uses. The patient then collects the prescription at his or her convenience.

Unlike mail order pharmacy, the patient can have a face-to-face interaction with a pharmacist when collecting the prescription, rather than having it delivered by mail.

At the same time, pharmacists in busy, high volume locations can reduce their workload and perform their patient care tasks more effectively.

A number of technology companies are providing automated dispensing equipment which facilitates this process. It is envisaged that, in the not too distant future, large chains with significant market penetration within a given geographical area will have central filling facilities which will serve a number of their high volume units, providing same day or next day service for these refill prescriptions.

At the same time, a number of large wholesalers are contemplating similar activities, servicing high volume independents within a given area as well as smaller, regional chains which might not want to invest in central filling technology.

A number of economic studies have been done by one or more of the technology providers. They all prove that at 300 prescriptions or more per day, a central filling facility can truly make sense for a chain, dramatically lowering the labour cost per prescription and easing stress on busy pharmacists.

This, in turn, enables staff pharmacists in busy stores to spend more time with patients and less with products.

But, as always, certain factions within the profession continue to view any activity which fills or dispenses prescriptions without the hands-on touch of a pharmacist as a threat.

This is a limited group, however, and it seems that this activity, along with in-store automation and remote dispensing technology, will soon play a significant role throughout the US.

# All change in the US

Pharmacist prescribing is on a roll in the US, while the supply function is becoming increasingly automated.

Pharmacy consultant **Tony de Nicola** charts the changes in US pharmacy practices

Prescriptive authority for pharmacists, sometimes referred to as a 'collaborative practice program', is being established in more and more states in the US.

Currently 23 have some sort of legislation in place allowing pharmacists to prescribe and three more are considering it this spring in their legislative sessions. This activity, regardless of what it is called, is regulated by each state individually rather than the Federal Government.

Pharmacists in Florida first gained the right to prescribe in 1985. While they were admittedly slow to take this up, today it is in full swing. The Florida law is unique among all the states – and not necessarily the model for the others – in that pharmacists may prescribe from a formulary following a very strict protocol.

Florida pharmacy officials claim that benefits to patients and other prescribers are many, and that the law and its outcomes have been well received by all.

This is not the case everywhere. There has been significant opposition from more than one state medical society – obviously, there could appear to be some threat to the physician's role



and authority in allowing pharmacists to prescribe.

## Vending machines dispense drugs

Another concept that not many months ago was considered far in the future has become a reality in the US.

Vending machines, usually associated with cigarettes and snack foods, are now being used to a limited extent to dispense prescription drugs.

Telepharmacy systems allow pharmacists to receive prescriptions via fax or modem, download and review the patient's medical records and the prescription, then electronically signal an automated dispensing machine at a remote location to deliver the medication.

The system, known as an ADDS (Automated Drug Dispensing System), is in use at the Eisenhower Medical Facility at Fort Gordon, Georgia, a US Army military installation.

At present, only nurses or technicians can retrieve medication from the machines, not patients, and the use of the system is strictly in the

institutional setting.

The Fort Gordon system dispenses between 20-30 prescriptions each night, storing an assortment of pre-packaged liquids, creams, inhalers and 60 different solid oral dosage forms in packets of nine or 18 units.

The military believes that this technology could eventually provide pharmaceutical solutions to soldiers deployed in remote regions in a cost-effective and error-free way.

The company which manufactures the system, Telepharmacy Solutions, has installed 75 of the machines in various government facilities and clinics. And, to the concern of many pharmacists, they are already being used in certain remote rural areas in a retail setting.

The pay-off in patient convenience and the ability to provide key products via these machines could be most worrying to US pharmacists in the months and years ahead.

Additionally, the PhRMA (a trade group representing most of the research-based, branded pharmaceutical manufacturers) has continued to oppose these bills whenever and wherever it can.

Its logic seems to be that member companies invest much time and money in educating physicians, not pharmacists, as to how to prescribe the products they make. So they maintain the position that only physicians should have the right to prescribe.

This opposition apart, prescriptive authority continues to be a growing trend in America. The combination of pharmacists' accessibility and knowledge base, coupled with a greater clinical and patient care focus than ever before, has synergised the process.

While there will, no doubt, continue to be opponents to proposed legislation, it does appear that, in a short time, the vast majority of the pharmacists practising at community level will be able to prescribe certain products for certain conditions, while following reasonable guidelines.

This further supports the profession's claims as to the value of pharmacists on the healthcare team.



# Recommend Piriton for all the family's allergies.

Allergy is on the increase. Some estimates suggest that soon half the population will suffer from an allergic reaction of some sort. And allergy means more than just hayfever.

Common allergies include reactions to house dust mites and pet fur as well as allergic skin reactions to cosmetics, perfumes, etc and to insect bites.

In these cases the symptoms are generally pruritus (itching) and erythema (redness). Thankfully, in almost all cases of allergic reaction, Piriton, being an antihistamine, can help.



Histamine is responsible for many of the unpleasant symptoms of allergy. Itching and redness in the eyes, nose and skin, and constriction of the airways as a result of swelling and inflammation of the lining of the nasal cavities and lungs are all attributable to histamine production.

Other local effects of histamine include watering of the eyes and hypersecretion of mucus in the nose and lungs.

The antihistamine in Piriton is chlor-

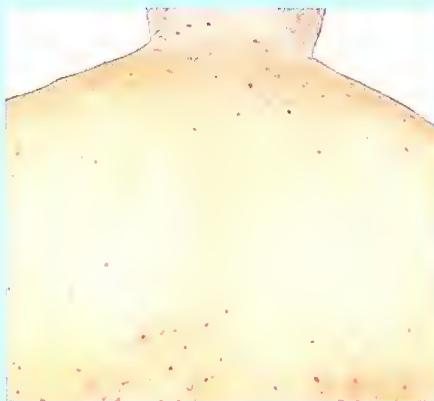
pheniramine, a traditional antihistamine effective in treating hayfever, perennial rhinitis, allergic eczema (dermatitis) and urticaria.

And Piriton delivers relief fast—usually within half an hour.



Having been prescribed for over 40 years Piriton has a long history of use, with a well established safety profile. The most well known potential side effect of antihistamines is drowsiness, with even some of the newer antihistamines advising consumers not to drive or operate machinery if affected.

If using an antihistamine for the first time, it's worth recommending to consumers that they check for this side effect. Often tolerance to the sedative effect develops within a week or so.<sup>1</sup>



Unlike many antihistamines, Piriton offers relief for the whole family—it's one of the few antihistamines available OTC to children as young as 12 months.

In syrup form it can be used to relieve the symptoms of common childhood conditions such as allergic eczema and chickenpox.

The Piriton range comprises Piriton Syrup,



which is suitable for adults and children aged 1 year and over, and Piriton Allergy Tablets which are suitable for adults and children from 6 years onwards.

Recommend it for fast, effective relief of all antihistamine responsive allergic reactions.

## PIRITON™

Contains chlorpheniramine

**References** 1. Nuovo J, et al. J. Am. Board Fam Pract. 1992; 5 (2): 137-141. **Product Information:** Piriton Tablets and Piriton Allergy Tablets containing 4mg chlorpheniramine maleate. Piriton Syrup containing 4mg chlorpheniramine maleate in 10ml. **Uses:** Symptomatic relief of allergic conditions including hayfever. **Dosage and administration:** Tablets. Adults: 1 tablet. Every 4-6 hours. Children aged 6-12 years: ½ tablet. Every 4-6 hours. Syrup. Adults: 10ml. Every 4-6 hours. Children aged 6-12 years: 5ml. Every 4-6 hours. Aged 2-5 years: 2.5ml. Every 4-6 hours. Aged 1-2 years: 2.5ml, twice daily. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May effect ability to drive and use machinery. **Co-existing conditions:** Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease; epilepsy, glaucoma and other eye conditions. Syrup contains sugar, use with caution in diabetes. Maintain good dental hygiene. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Sedation. Less commonly gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions and tinnitus. Children and the elderly are more prone to the neurological anticholinergic effects and rarely may become confused or excitable. **Retail selling price:** Piriton Allergy Tablets 30: £2.85; Piriton Syrup 150ml £3.79. **Legal category:** P. **Product licence numbers:** 0036/0090 (Piriton Tablets). 0036/0088 (Piriton Syrup). 0036/0091 (Piriton Allergy Tablets). **Product licence holder:** Stafford-Miller Limited, Welwyn Garden City, AL7 3SP. **Date of preparation:** March 2000. DO 4166



**N**obody knows for certain the true cost of shop theft in the UK. Estimates run into hundreds of millions of pounds. The Centre for Retail Research says that shops lose an average of 24 per cent of their real profits through shrinkage, with pharmacies suffering most losses, along with toy and music shops.

As if this is not enough, chemists suffer the highest rate of physical violence against their staff, with an annual average of 3.4 per cent of employees being assaulted, according to the British Retail Consortium (BRC). It also reveals that chemists shops experience the greatest risk of repeat burglary with 90 per cent of victims suffering a second offence.

Although technology has done much to help retailers combat crimes such as shop theft, its full benefits are not always affordable for smaller outlets. Fortunately, several measures are capable of protecting against more than one threat and some of them involve little or no cost. So what should the independent chemist do to combat the three main risks: shop theft, assaults on staff and burglary?

Probably the first consideration is shop layout. Good lighting and the careful design, siting and arrangement of displays both improves customer convenience and reduces opportunities for concealment.

Using low-cost aides such as mirrors to observe blind spots and displaying signs that announce the use of theft prevention measures adds a valuable deterrent element to their practical value. Making sure the shop interior is clearly visible from outside is another affordable yet effective precaution that increases the vulnerability of thieves and potentially violent customers. It also makes staff feel safer by enabling passers-by to observe and report any incident.

Training staff how to react to theft and how to deal with difficult or violent customers has the dual effect of protecting people and property. Teaching staff how to interact better with customers generally also has the double benefit of boosting sales and reducing the likelihood of difficult situations turning violent in the first place.

If all this falls into the category of easier said than done, don't worry. Some useful sources of information and professional advice are listed below.

One of the most effective pieces of technology to reinforce these improved physical conditions and employee training is the closed-circuit television (CCTV) camera. CCTV constitutes both a proven deterrent to dishonest and violent behaviour and a useful means of detecting theft.

Over the past two decades advances in security have helped stop untold acts of shop theft, which must make some chemists shudder at the thought of losses there might have been. But dishonest customers are only one aspect of risk, as security writer **Roy Carter** reports

## Saving on security

When used with video recording, it also provides good evidence for the investigation and prosecution of theft, itself a deterrent when used in combination with prominent signs announcing its presence. Before you discard this idea on the basis of cost, be aware that the advent of compact, solid-state, virtually maintenance free CCTV cameras has now brought this technology within the reach of many small retailers.

Used correctly, each of these measures helps the retailer to control events on the sales floor. When elements of them are used properly in combination they can reduce significantly the risk posed by dishonest and violent customers, certainly to the extent that they can prevent losses in excess of their cost.

The single most valuable item of crime prevention technology any chemist can introduce is the intruder or burglar alarm. This combines good deterrence with proven protection for both property and people. Choose a monitored system, linked via the telephone network to a 24-hour central station that will call your local police if the alarm goes off.

Couple this burglary protection with people protection by connecting a panic button to the alarm system to enable your staff to summon the police if an emergency occurs during opening hours. The police give high priority to calls from panic alarms. The push button can either be fixed, near the till for example, or it can be a mobile unit for staff to carry with them.

You will have to pay an installation fee and an annual charge for maintenance and monitoring.

It is easy - and understandable given the losses that occur on the sales floor and as a result of burglary - to regard theft prevention solely in terms of events inside the shop. Evidence suggests the outside environment is also important.

For example, areas with a reputation for crime and disorder are subject to a phenomenon known as



town or city centre avoidance, whereby law-abiding customers stay away and thieves come in great numbers. A number of schemes, often established with joint funding from retailers and local government, have proved successful in reversing such trends and, in the process, reducing theft and other crimes against shops.

They include town centre security cameras with central monitoring and links to the local police station, town centre wardens on patrol during normal shopping hours and radio networks linking retailers with other nearby shops and with patrolling wardens and police officers. There is good evidence that it is in the interests of retailers to support these schemes wherever practicable.

Added to the use of effective precautions inside the shop, improvements to the surrounding environment can help you attract more desirable customers and fewer undesirable ones.

As to the sources of advice promised earlier, stage one should always be a call to your local police.

All police forces have professional

crime prevention officers who will give free and impartial advice on all the subjects mentioned here. They can help you with shop design, information about crime prevention products and tell you about any local resources for training your staff.

As for training, also get copies of 'Violence at Work: A Guide for Employers', available free of charge, and 'Preventing Violence to Retail Staff', cost £6.95, both published by the Health and Safety Executive, telephone: 01787 881 165.

For reliable intruder alarm and CCTV systems check Yellow Pages for firms showing the NACOSS logo (National Approval Council for Security Systems) and ask at least two, preferably three, for a free quotation.

For the best price compare local firms. Make sure they are local by checking their addresses and asking the police crime prevention officer about them. The big national companies often use local telephone numbers that are diverted to offices miles away. While it's fine to use these big firms, they will usually charge more for essentially the same thing.



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E-mail: [sterwinsales@sanofi-synthelabo.com](mailto:sterwinsales@sanofi-synthelabo.com)



## Galen acquires US firm for £185m

Galen Holdings, the Northern Ireland-based pharmaceutical firm, is acquiring US company Warner Chilcott for \$296.5 million (£185 million).

Warner markets women's health products and its addition to Galen's portfolio makes the Irish group worth around \$1.5 billion. Galen said it will be seeking a listing on the Nasdaq stock market.

Galen will issue 2.5 shares for every Warner share, which means Galen's shareholders will own 80 per cent of the new group.

Analysts said Warner would give Galen a strong US sales force, which will be handy because the Irish group is preparing to launch an intravaginal ring late next year.

Galen's board has been reshuffled to reflect the latest acquisition. Roger Boissonneault, Warner's president, has been appointed Galen's chief executive.

### IN BRIEF

#### W Midland Co-op acquisitions

West Midland Co-op has acquired S&M Wholesalers, which owns two pharmacies in Walsall and Walsall Wood. The co-op now owns 24 pharmacies.

#### Strong pharmacy sales in April

Pharmacists were among the best performing retailers in April, according to the Confederation of British Industry's latest distributive trades survey. Thirty per cent of pharmacists said their sales grew last month.

#### United Drug buys Ashfield

United Drug has acquired Ashfield Healthcare, the UK's second-biggest player in pharmaceutical contract sales outsourcing (CSO), for an undisclosed sum. United Drug said the CSO market was attractive because more manufacturers want to outsource their selling activities.

#### Boehringer sales up 13pc

Boehringer Ingelheim's net income after tax rose 13 per cent to DM506 million last year, while its turnover was up 14 per cent to DM10bn. Its pharmaceutical sales rose 15.5 per cent to DM9.1bn, although its OTC turnover fell 1.7 per cent to DM1.1bn, partly due to sluggish growth in the US and Latin America's economic problems.

#### Ranbaxy has moved

Ranbaxy (UK) has moved to: 6th floor, CP House, 97-107 Uxbridge Road, Ealing, London, W5 5TL, tel: 020 8280 1600.

# Michael Major to join Day Lewis board

Michael Major, former managing director of Lloydspharmacy, is becoming a non-executive director of the Day Lewis pharmacy chain.

Mr Major resigned from Lloydspharmacy last year and, lately, has been senior consultant of A&D Associates Europe, a firm that advises healthcare companies about strategic issues.

Kirit Patel, Day Lewis' chief executive, has known Mr Major since he was at UniChem. The two men are friends.

Mr Patel said Mr Major will have a proactive role in Day Lewis - he will not be "just a figurehead". His responsibilities will include advising the chain to pick the right pharmacies to acquire. The chain has 60 pharmacies and aims to have at least 100.



Michael Major is joining Day Lewis as a non-executive director

Mr Major, said Mr Patel, is used to working in a 'top-down' management

structure in Lloydspharmacy, whereas the Day Lewis method is 'bottom-up', where all staff have a say in how the chain can be improved.

"So between us there will be a synergy," continued Mr Patel. "People warm to Michael and that's a key reason why I've asked him to join us. I don't want my management to psychologically distance themselves from someone who has been drafted in to help them. That wouldn't happen in Mike's case."

Meanwhile, Mr Patel has transferred all his Day Lewis shares and pharmacies under one company: Chiporum, which he formed years ago to buy his first pharmacy in Tunbridge Wells. Chiporum has been renamed Day Lewis plc.

## Goldshield ad complaint upheld

A national press campaign by Goldshield Healthcare has been scrapped by The Advertising Standards Authority because the ads claimed Goldshield's Health Centres could identify and treat depression or anxiety.

The centres, one of which is in London, use a Bio Energetic Stress Testing system to highlight the body's food intolerances and vitamin deficiencies. According to the ads these deficiencies or an imbalance in hormones could cause fatigue, depression and anxiety, and consumers were urged to act immediately.

The unnamed complainant questioned whether the screening tests were backed by clinical trials and claimed the ad appealed to and exploited vulnerable people.

Scientific literature Goldshield provided to back its screening process was 16 years old, reports ASA, and did not identify whether the process could diagnose vitamin/mineral deficiencies or hormonal imbalances.

Goldshield said the screening was designed to complement conventional medicine, not to diagnose illnesses or to discourage medical treatment. It gave the ASA abstracts from three published articles that linked food allergies and intolerance to psychological problems.

But the ASA said Goldshield was targeting people suffering from depression or anxiety without holding evidence that its nutritional screening could identify and treat whatever caused these problems.

"The Authority was concerned that the advertisers' approach could discourage vulnerable people from seeking help from a qualified medical practitioner and could lead readers into making their own diagnosis," said the ASA.

Goldshield said it had not yet treated any patients for depression/anxiety. But if a patient had a serious condition, its staff would inform the patient's GP. All its staff, it added, had taken exams to operate the screening process, and some had other qualifications in food science, health and complementary medicine.

The company has been advised to consult ASA's committee of advertising practice copy advice team before it advertises again.

## EC clears way for Glaxo-SB merger

Glaxo Wellcome and SmithKline Beecham's merger has been cleared by the European Commission, but the companies have to divest products whose turnover is about £50 million.

The merger, which has yet to be formally cleared by the US Federal Trade Commission, is on track to be completed this summer.

The products both companies are divesting overlap in certain therapeutic categories, which has raised concerns about the effect on competition in these areas. GW and SB will out-license Kytril, a treatment for emesis; Famvir, a herpes treatment; and either Vectavir cream or Zovirax ointment/

cream for herpes simplex.

In addition Monocid, a cephalosporin antibiotic, will be out-licensed in Spain, where its sales last year were about £11 million.

SB could also out-license Ariflo, a treatment for chronic obstructive pulmonary disease, because the Commission believes the product could strengthen GW's portfolio. Other companies are developing products in the same area, but if these compounds are not launched Ariflo will be out-licensed in the EU.

Both companies said the EC's decision was a key milestone in their merger process.

## Online link for pharma buyers and suppliers

Business-to-business portal PharmiWeb has joined forces with Infobank to create a "digital market place for the life sciences sector".

PharmiWeb claims the initiative will revolutionise the way the pharmaceutical industry does business by giving companies a "low pain threshold" way of adopting e-commerce. Infobank's InTrade e-Hub software will enable PharmiWeb to create specific communities of buyers and suppliers to form customised online trading groups.



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## Classified web site goes live

A website that acts as a virtual notice-board for pharmacists was launched this week.

The site - [www.pharmacyclassified.co.uk](http://www.pharmacyclassified.co.uk) - contains nine categories: recruitment stock, business services & equipment, businesses for sale/wanted, used equipment, a regional pharmacy guide, product showcase, education & courses, and an events calendar.

Pharmacist Ifi Khan, who has worked for Boots the Chemists and other multiples, and Farooq Durrani, who has worked in retail marketing and international advertisers, are the site's founders.

Advertisers have been offered free, unlimited slots on the site until September 1. Then a rate card will be introduced ranging from £1 for a stock entry running four weeks, to £50 for a business services & equipment ad, which will be displayed for 12 months.

Pharmacists can use the site for free. Mr Durrani, who is the site's strategic marketing director, said: "The site provides a neutral trading and information forum linking pharmacy professionals to goods and services."

## UniChem wins Schering Plough contract

UniChem's hospital division, Hospital Pharma, has won a distribution contract with Schering Plough.

Under the agreement, the wholesaler will deliver Schering products to hospital pharmacists twice a day.

UniChem said the arrangement meant these pharmacists would not longer have to place small orders and incur unnecessary charges. Frequent deliveries would also remove the need to hold too much stock.

### COMING EVENTS

**MAY 14**

**Bradford & District Branch, RPSGB**, Guided Tour of Undercliffe Cemetery. Numbers strictly limited.

**MAY 16**

**Oxfordshire Branch, RPSGB**, at the John Radcliffe Hospital, Oxford. AGM at 7.40pm, and a talk at 8pm.

**MAY 17**

**Somerset Branch, RPSGB**, at the Lyngford House Conference Centre, Taunton, 7.30 for 8pm.

**Buckinghamshire Branch, RPSGB**, at the Chiltern Hospital Great Missenden, 7.30 for 8pm.

**MAY 18**

**Wirral Branch, RPSGB**, Open Meeting (bring staff and friends) 'Hanging Baskets'.

**Weald of Kent Branch, RPSGB**, at the Kent & Sussex Hospital, 7.30 for 8pm. 'Question time with Roger Odd'.

## Moneydesk



● I have been running a pharmacy for five years, with my brother as a partner. We are becoming a limited company shortly and I want to know what would happen if either of us were to die, or couldn't work, although we both have private life assurance plans.

**TP, Manchester**

If you or your brother were to die, your shares would pass to the spouse, who could then decide what to do with them. For larger companies this might mean selling them to the director(s) at an agreed price. In smaller companies, the major priority might be that without a major 'driving force', the company could fold.

The same thing could happen should either of you be unable to work through illness or injury. Fortunately, there are special

policies in which you can either pay a lump sum or a replacement income for a certain period. Any business, whether small, large, partnership or limited, should plan for such an unexpected situation. Without any provision many businesses may not survive.

You could get certain tax breaks for such provisions, such as shareholder protection plans, and 'keyman' insurance. As with any business individual financial planning, you should obtain independent professional advice.

● I have just left a pharmacy chain to become a locum. I used to have life insurance through work, but this has now stopped. I can't afford to pay a lot and want to know the cheapest life insurance for my family.

**RC, Manchester**

The cost of life insurance will depend on how old you are, your health, whether you smoke and how long you want the cover to last. In your situation, a term assurance policy until the children grow up would be the most suitable. You will then be able to claim tax relief on the premiums, as it can be written as 'pension term' assurance. An alternative might be a family income plan which would pay

out an annual amount, as opposed to a lump sum, but these cannot generally get tax relief.

As there is no investment content, it's simply a matter of finding the cheapest insurance company. An independent financial adviser can tell you this as he or she normally has access to insurance companies and can therefore pinpoint the cheapest quickly. If the cost of providing adequate insurance until the children grow up is still too high, you could take out a policy for, say, five years, which would be cheaper. But remember to include a 'conversion option', which ensures you can extend the length of the policy, even if your health has changed. I am sending you a 'check a quote' form to enable me to advise you of the best rates possible.

*Hari Sidhu is an independent financial adviser with Weston Financial Services, which is regulated by the Personal Investment Authority. These answers are for general guidance only, and specific advice should be taken before acting on any suggestions made. All information is based on our understanding of current tax practices. Shares and investments can go down as well as up.*

# Avicenna to set up retail project

Avicenna, the pharmacy buying group, is setting up a merchandising project with the help of OTC manufacturers, Moss Pharmacy and consultancy Pharmacy Marketing Services.

The project, called Flagship Pharmacy, will involve around five Avicenna members. Six OTC manufacturers - Procter & Gamble, Roche Consumer Health, Seven Seas Health Care, Colgate-Palmolive, Crookes Healthcare and Warner Lambert Consumer Healthcare - will offer their marketing/category management expertise.

Moss Pharmacy will offer planograms and advice about pharmacy layouts. Pharmacy Marketing Services, headed by consultant Ian Glass, will conduct an internal review of each pharmacy to assess its layout,

how its products are sited and to gauge other merchandising areas.

Avicenna will take EPOS data from the pharmacies for February, March and April, and compare them with data for August, September and October, when customers have had time to respond to the pharmacies' improved merchandising.

Duncan Smeaton, Avicenna's executive officer, said the OTC companies' products represent around 70 per cent of a pharmacy's OTC business. "We'll also be assessing how the project improves the pharmacies' scrip businesses," he said.

The results will be distributed to Avicenna members through its newsletter. Those who want to take up the scheme will be charged - Avicenna has not yet decided how much.



(l-r) Kirit Patel, Day Lewis' chief executive and a key-note speaker at Avicenna's annual conference, and Salim Jetha, the buying group's chairman

## NCC reaps benefits from relocations to health centres

National Co-operative Chemists' turnover, partly boosted by the acquisition of 21 pharmacies, rose 14 per cent to £164 million for the year to January 29.

Its surplus before distributions - equivalent to pre-tax profits - nearly doubled to £6.3 million. Like-for-like sales in its outlets grew 10.7 per cent.

Tony Henry, NCC's new chairman, said its promotional and marketing campaigns had attracted more customers.

"These results fully justify our strategic policies of relocating some branches to doctors' health centres, refurbishing premises and introducing addition-

al professional services," Mr Henry said.

NCC's dispensing sales were up almost 14.8 per cent to £118.7 million - it dispensed 11.9 scripts.

Meanwhile, its OTC turnover rose 10.8 per cent to £38.8 million. The group, like other pharmacies, also benefited from the cold and flu crisis.



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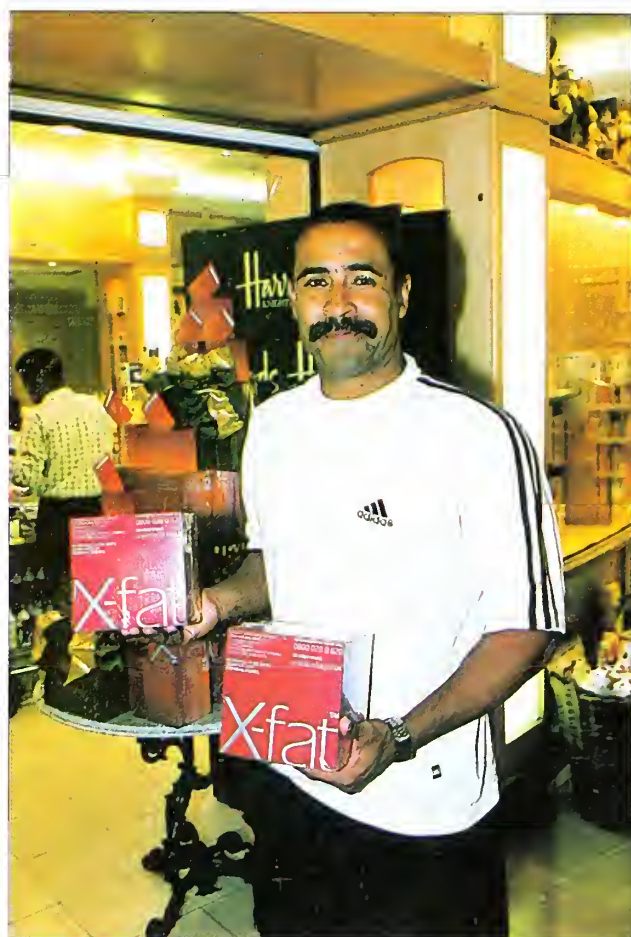
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### EXCESS STOCK CAUTION

Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history and conditions of storage, and keep a record of such purchases.







## Want an Aston Martin?

Do you fancy an Aston Martin – or to be more precise, a picture of one? If you do then pharmacist Tim Cottingham is your man. Community pharmacist from Grimsby by day, car aficionado in his spare time, Tim is the man behind [www.Astonmartins.com](http://www.Astonmartins.com).

The site, which hosts the Aston Martin Picture Gallery, has just moved to its own domain having first appeared in February 1998 using free web space provided by AOL. The site features photos of Aston Martin cars dating from 1922 to the present day and is now attracting more than 500,000 hits a month. All of the 600-plus pictures on the site are the work of one enthusiastic photographer – a certain Tim Cottingham.

The most popular pages feature the DB7 Vantage, he says, but visitors are also drawn to the mid-Sixties classic, the DB5, probably because of its connection with James Bond. Although Tim is a member of the Aston Martin Owners Club, he is at pains to point out that his site is "totally unofficial".

## Aston Martin Picture Gallery



## Something fishy about this stunt

Our press release of the week award goes to Jo Spink PR for this tasteful opening paragraph (sic): "This Easter weekend, a semi-clad male mermaid bathed in a fantasy undersea bathroom right in the middle of two of the South East's busiest shopping centres ..."

Why should a conservative business title like *C&D* be interested in this voyeuristic delight? Sounds more like the kind of thing the more avant-garde titles in the men's press get excited about, not least because the merman had two mermaids to help him.

Help him do what, you may wonder. Host a children's colouring competition and hand out free samples of – wait for it – Oilatum. OK, stow the lurid underwater bathroom fantasy. It's all part of the Oilatum Dry Total Skin Solutions roadshow, 'designed as a fun, interactive and educational event for all the family'. And it could be coming to shopping centre near you.

## Recycling dispensing advice

Relations with dispensing doctors have been on the up recently. But an item in the April issue of *Dispensing Doctor* will raise a few pharmacy eyebrows.

"No fee for dispensing recycled drugs," says the headline. What? Intrigued, we read further:

"The Prescription Pricing Authority has warned that GPs cannot claim a further fee when dispensing recycled items. It has always been the DDA's advice that GPs should not claim the cost of the drug when returned medicines were dispensed to another patient to avoid allegations of fraud, but previously it was assumed that a further dispensing fee was payable."

The article says the PPA has advised that there is no provision for payment of additional dispensing fees for recycled medicines.

In mitigation, DDA chairman Dr Malcolm Ward is quoted: "It was never the DDA's intention to encourage widespread recycling, but we feel there was a need for a mechanism to prevent wastage of high-cost drugs." Patients may also request a repeat of their usual medication only to have it changed by the hospital specialist before the medication was used.

Now where are the figures from the latest DUMP campaign?

## Assistant Editor, *C&D*

**Guy L'Aimable** has been appointed as *Chemist & Druggist's* new assistant editor. He has been the magazine's business editor since 1996 and has been instrumental in developing *C&D's* coverage of wholesaling and industry issues. Before joining *C&D* he worked on other business-to-business titles, as assistant editor on *World Tobacco* and senior reporter on *Super Marketing*.

**John Melville**, previously general manager for Roche Canada, has replaced Vic Ackerman who is retiring as managing director of Roche UK. Mr Melville helped develop Boehringer Mannheim's pharmaceutical business in the US before joining Roche Canada as general manager in 1997.

**Professor Alan Jackson** has been appointed chair of the new joint Department of Health and Food Standards Agency Scientific Advisory Committee on Nutrition (SACN). This will be a committee of independent experts advising government through the chief medical officers and the Food Standards Agency on matters relating to nutrition, diet and health. It succeeds the Committee on Medical Aspects of Food and Nutrition Policy (COMA). Provensis, a subsidiary of BTG has made a number of board appointments.

**Philip Carne**, who has recently retired after a long career in senior positions with Johnson & Johnson, and **Dr Michael Carter**, who was a board member at Zeneca for 12 years, become non-executive directors. **Dr David Wright** becomes vice-president of medical affairs and **Dr John Chidlow**, a former director at Quintiles Europe, becomes vice-president of regulatory affairs.



Guy L'Aimable



This picture is based on motifs derived from the AIDS drug AZT. It forms the centrepiece of the United Society of Artists' annual exhibition which opens on June 5 at the Westminster Gallery in Central Hall, Storey's Gate, on the west side of London's Parliament Square. Many substances when isolated as solids at room temperature have a structure which can be viewed with the aid of a camera with a bellows extension, says the artist Geoffrey Lilley, but at about £400 a gram AZT is an expensive substance to study.

## Keeping it all in the family

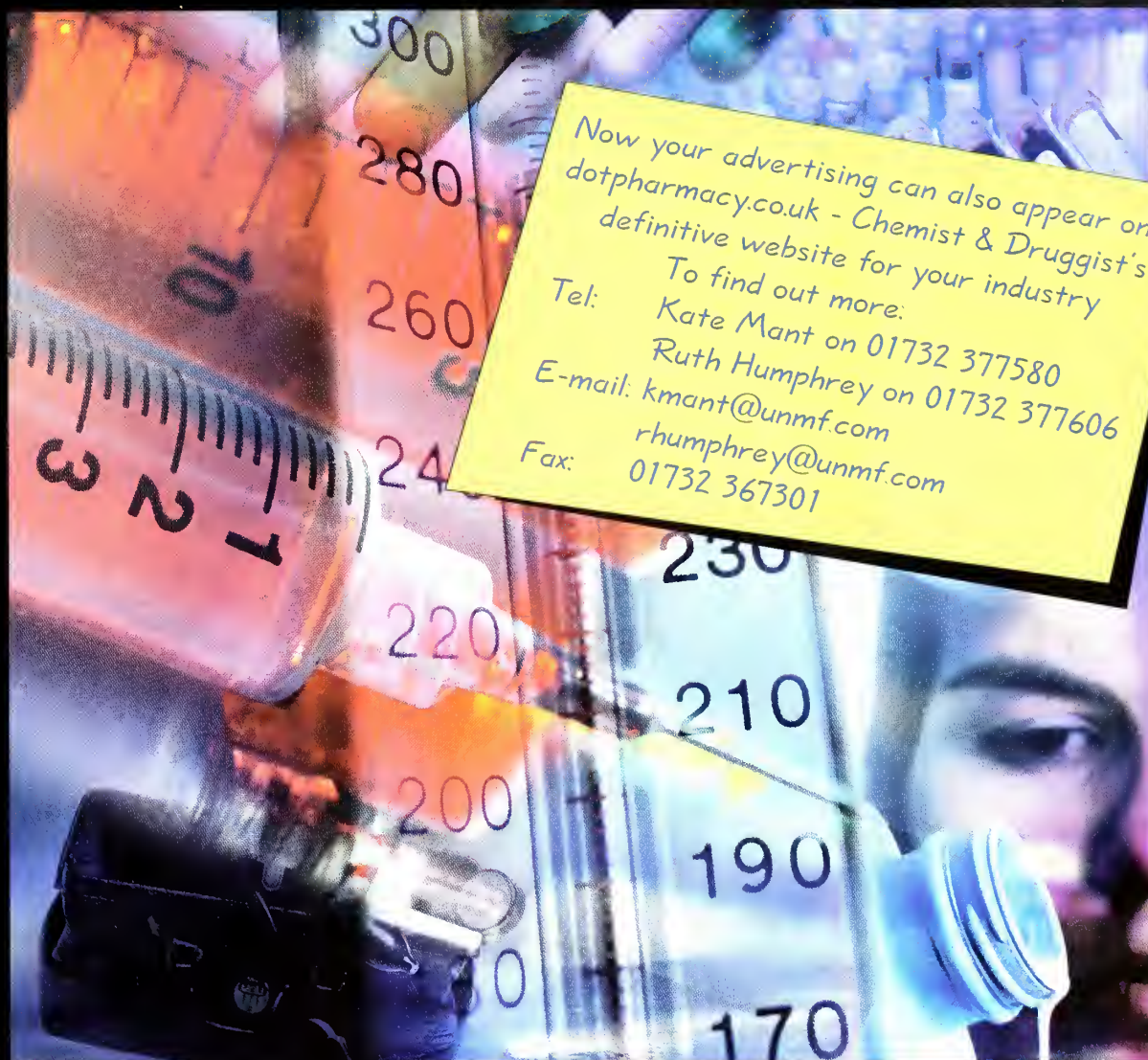
Three generations of pharmacists, all with close connections – either family or business, met for lunch at the Royal Pharmaceutical Society shortly before Easter. Roger Odd, head of professional and scientific support and the Society's man for all seasons, was on hand to untangle this unique gathering.

Attendees were Mr Hepworth, who is 90 and qualified in 1931; Mr Hall who qualified in 1957; Mr Hurst, who qualified in 1996; and Miss Hall and Mrs Hall.

The plot goes something like this: Mr Hall, Mr Hepworth and the latter's late wife were partners in business from 1966 in and around Wigan, trading as Hepworth & Hall Pharmacists and Opticians. Mr Hurst qualified while working at the firm. Along the way he met Emma, daughter of Mr & Mrs Hall, and they are now engaged. Simple really.



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